


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000005989 1. Entity Name PRAIRIE BREEZE OWNERS ASSOCIATION, INC.	
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Principal Place of Business 8828 SW 44TH LN GAINESVILLE, FL 32608	Mailing Address 8828 SW 44TH LN GAINESVILLE, FL 32608
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DO NOT WRITE IN THIS SPACE



04032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2408663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARIS, ROGER JR
8828 SW 44TH LN
GAINESVILLE, FL 32608**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000901141 04/29/08-80056-021 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARIS, ROGER JR 8828 SW 44TH LN GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARIS, DANIS 8828 SW 44TH LN GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, RACHEL 2145 NW 3RD PLACE GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Danis Maris **DANIS MARIS** 4-4-08 (352)336-1883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #