


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90073 029 ****61.25

DOCUMENT # N18042						
1. Entity Name PRAIRIE LAKES SPRINGS COMMUNITY ASSOCIATION, INC.						
Principal Place of Business P O BOX 151386 ALTAMONTE SPRINGS, FL 32715-1386 US			Mailing Address P O BOX 151386 ALTAMONTE SPRINGS, FL 32715-1014 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-2892309		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
SHERMAN, MARSHALL 421 PRAIRIE LAKE COVE ALTAMONTE SPRINGS, FL 32701-5036				Name Street Address (P.O. Box Number is Not Acceptable) City		
				FL Zip Code		
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)						
Signature, typed or printed name of registered agent and title if applicable.						
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALL, LARRY <input checked="" type="checkbox"/> Delete 411 PRAIRIE LAKE COVE ALTAMONTE SPRINGS, FL 327015036			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TIM MURPHY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 391 PRAIRIE LAKE COVE ALTAMONTE SPRINGS, FL 32701 5036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FINNERTY, EDWARD <input type="checkbox"/> Delete 460 PRAIRIE LAKE COVE ALTAMONTE SPRINGS, FL 327015036			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ELAINE, REID <input checked="" type="checkbox"/> Delete 481 PRAIRIE LAKE COVE ALTAMONTE SPRINGS, FL 32701			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOB REID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 481 PRAIRIE LAKE COVE ALTAMONTE SPRINGS, FL 32701 5036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHERMAN, MARSHALL <input type="checkbox"/> Delete 421 PRAIRIE LAKE COVE ALTAMONTE SPRINGS, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Marshall Sherman</u> MARSHALL SHERMAN 16 FEB 2005 4073325766						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						