

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18042

FILED
Apr 29, 2009
Secretary of State

Entity Name: PRAIRIE LAKES SPRINGS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

391 PRAIRIE LAKE COVE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 151386
ALTAMONTE SPRINGS, FL 327015036 US

New Mailing Address:

FEI Number: 59-2892309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIMOTHY, MURPHY
391 PRAIRIE LAKE COVE
ALTAMONTE SPRINGS, FL 327015036 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SPERBER, MARIAN
Address: 401 PRAIRIE LAKE COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DS () Delete
Name: FINNERTY, EDWARD
Address: 460 PRAIRIE LAKE COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 327015036

Title: DV () Delete
Name: REID, BOB
Address: 481 PRAIRIE LAKE COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DT () Delete
Name: TIMOTHY, MURPHY
Address: 391 PRAIRIE LAKE COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J MURPHY

DT

04/29/2009

Electronic Signature of Signing Officer or Director

Date