


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90110 029 ****61.25

DOCUMENT # N25778 1. Entity Name PRESTWICK VILLAGE AT THE EAGLES, INC.					
Principal Place of Business C/O DOUGHERTY & ASSOCIATES LLC 800 TARPON WOODS BLVD, F-4 PALM HARBOR, FL 34685				Mailing Address 11902 RACE TRACK ROAD TAMPA, FL 33626 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2900630	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUGHERTY & ASSOCIATES, LLC 800 TARPON WOODS BLVD. F-4 PALM HARBOR, FL 34685				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DS PETER WUNSCH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCOGGINS, TOM		NAME	PETER WUNSCH	
STREET ADDRESS	16313 COLWOOD DR		STREET ADDRESS	16308 COLWOOD DR.	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DT PETER TURRELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BLITMAN, RANDI		NAME	PETER TURRELL	
STREET ADDRESS	16326 BIRKDALE DR		STREET ADDRESS	16307 COLWOOD DR	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FUSARO, GEORGE		NAME		
STREET ADDRESS	16301 BIRKDALE DR		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, WAYNE		NAME		
STREET ADDRESS	16313 BIRKDALE DR		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORCHERS, FRED		NAME		
STREET ADDRESS	16312 COLWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRIN, TERI		NAME		
STREET ADDRESS	16336 BIRKDALE DR		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
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: <i>Peter F. Turrell</i>			<i>Peter F. Turrell</i> Jan 11, 2008 813-412-1662		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		