

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25778

FILED  
Jan 16, 2012  
Secretary of State

**Entity Name:** PRESTWICK VILLAGE AT THE EAGLES, INC.

**Current Principal Place of Business:**

C/O JANOSKO, DOUGHERTY & ASSOCIATES LLC  
800 TARPON WOODS BLVD, F-4  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

DAVID W. ORMISTON, CPA, PA  
800 TARPON WOODS BLVD, F-4  
PALM HARBOR, FL 34685

**Current Mailing Address:**

C/O JANOSKO, DOUGHERTY & ASSOCIATES LLC  
800 TARPON WOODS BLVD, F-4  
PALM HARBOR, FL 34685

**New Mailing Address:**

DAVID W. ORMISTON, CPA, PA  
800 TARPON WOODS BLVD, F-4  
PALM HARBOR, FL 34685

**FEI Number:** 59-2900630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ORMISTON, DAVID W  
800 TARPON WOODS BLVD.  
F-4  
PALM HARBOR, FL 34685 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  
Name: BORCHERS, FRED  
Address: 16312 COLWOOD DR  
City-St-Zip: ODESSA, FL 33556

Title: DT  
Name: TURRELL, PETER  
Address: 16307 COLWOOD DR  
City-St-Zip: ODESSA, FL 33556

Title: DS  
Name: WUNSCH, PETER  
Address: 16308 COLWOOD DR  
City-St-Zip: ODESSA, FL 33556

Title: D  
Name: HENDERSON, ELLEN  
Address: 16333 BIRKDALE DR  
City-St-Zip: ODESSA, FL 33556

Title: D  
Name: ARCHER, CRAIG  
Address: 16301 BIRKDALE DR  
City-St-Zip: ODESSA, FL 33556

Title: D  
Name: GALEANO, SERGEI  
Address: 16314 COLWOOD DR  
City-St-Zip: ODESSA, FL 33556

I hereby 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 all other like empowered.

SIGNATURE: PETER TURRELL

TD

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date