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Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005105 (0)

1. Corporation Name

PRAIRIE LAKE VILLAGE HOA, INC.



Principal Place of Business

Mailing Address

3312 OLDE WHARF RUN
WINTER PARK FL 32792

3312 OLDE WHARF RUN
WINTER PARK FL 32792-6133

3. Date Incorporated or Qualified
10/30/1995

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3341229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Gus Silvestri

82 Street Address (P.O. Box Number is Not Acceptable)

3312 Olde Wharf Run

83

Winter Park, FL

84 City

Winter Park

FL

85 Zip Code

32792

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☐ DELETE
NAME SILVESTRI, GUS
STREET ADDRESS 3312 OLDE WHARF RUN
CITY-ST-ZIP WINTER PARK FL 32792

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME PAUL SILVESTRI
1.3 STREET ADDRESS 3312 OLDE WHARF RUN
1.4 CITY-ST-ZIP WINTER PARK, FL 32792

TITLE D ☐ DELETE
NAME SILVESTRI, GUS
STREET ADDRESS 3312 OLDE WHARF RUN
CITY-ST-ZIP WINTER PARK FL 32792

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SILVESTRI, DANNY
STREET ADDRESS 3033 CHIMNEY ROCK ROAD #400
CITY-ST-ZIP HOUSTON TX 77056

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME DIMILLO, LOUIS
STREET ADDRESS POST OFFICE BOX 850903
CITY-ST-ZIP LAKE MARY FL 32795-0903

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97 (407)678-7558

Date

Daytime Phone # 0015500

CR2E037 (9/96)