2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005
Secretary of State

DOCUMENT# N95000005105

Entity Name: PRAIRIE LAKE VILLAGE HOA, INC.

Current Principal Place of Business:

2180 WEST SR 434
5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3341229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W. JR
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, STE 5000
LONGWOOD, FL 32779 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: SD ( ) Delete
Name: WILLIAMS, ASTON
Address: 1976 ASPENRIDGE COURT
City-St-Zip: OCOEE, FL 34761

Title: TD ( ) Delete
Name: PRIHODA, KARL
Address: 1883 MAJESTIC ELM BOULEVARD
City-St-Zip: OCOEE, FL 34761

Title: PD ( ) Delete
Name: JACOBS, MAX
Address: 2247 MOUNTAIN SPRUCE STREET
City-St-Zip: OCOEE, FL 34761

Title: VPD ( ) Delete
Name: ELLER, ROBERT
Address: 2528 TALL MAPLE LP
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: TRAUB, ROBIN
Address: 2252 TWISTED PINE RD
City-St-Zip: OCOEE, FL 34761

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 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 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: MAX JACOBS PD 03/04/2005

Electronic Signature of Signing Officer or Director — Date