

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 APR 19 PH 3: 08

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005105	
1. Entity Name PRAIRIE LAKE VILLAGE HOA, INC.	



Principal Place of Business 2180 WEST SR 434 5000 LONGWOOD, FL 32779	Mailing Address 2180 WEST SR 434 5000 LONGWOOD, FL 32779
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03-28-06 90135 031 \$ 61.25



2. Name and Address of Current Registered Agent HART, JAMES W. JR. SENTRY MANAGEMENT, INC. 2180 WEST SR 434, STE 3000 LONGWOOD, FL 32779		3. Name and Address of New Registered Agent PREMIER COMMUNITY MANAGERS, INC. 5151 Adanson Street Suite 103 Orlando, Florida 32804	
City & State	City & State	4. FEI Number 59-3341229	Applied For Not Applicable
Zip	Country	Zip	Country

02222008 Chg-NP CR2E037 (11/05)

8. Name and Address of Current Registered Agent HART, JAMES W. JR. SENTRY MANAGEMENT, INC. 2180 WEST SR 434, STE 3000 LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name: PREMIER COMMUNITY MANAGERS Street Address (P.O. Box Number is Not Acceptable) 5151 ADANSON ST. STE 103 City: ORLANDO FL Zip Code: 32804	
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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: *[Signature]* DATE: 2-7-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, ASTON 1978 ASPENRIDGE COURT OCOE, FL 34761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TERRY GUADITTI 2200 MOUNTAIN SPRUCE ST OCOE, FL 34761 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRAUB, ROBIN 2252 TWISTED PINE RD OCOE, FL 34761 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCINE ASUNACION 2263 MOUNTAIN SPRUCE ST OCOE, FL 34761 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, MAX 2247 MOUNTAIN SPRUCE STREET OCOE, FL 34761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCINE ASUNACION 2263 MOUNTAIN SPRUCE ST OCOE, FL 34761 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLER, ROBERT 2528 TALL MAPLE LP OCOE, FL 34761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Robert Eller, Treasurer* DATE: 3/22/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR