

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

02-28-2008 90006 034 ****61.25

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

Principal Place of Business PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON ST, STE 103 ORLANDO FL 32804	Mailing Address PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON ST, STE 103 ORLANDO FL 32804
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1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3341229	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PREMIER COMMUNITY MANAGERS, INC. 5151-ADANSON ST STE 103 ORLANDO FL 32804	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typewritten printed name of registered agent and that it complies. (NOTE: Registered Agent signature is required when changing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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 1976 ASPENRIDGE COURT OCOE FL 34761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTY WILLIAMS 2401 SWEET OAK ST OCOE FL 34761 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURDITT, TERRY 2200 MOUNTAIN SPRUCE ST OCOE FL 34761 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOSTIC, SAMUAL 2425 SWEET OAK ST OCOE FL 34761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASUNCION, FRANCINE 2263 MOUNTAIN SPRUCE ST OCOE FL 34761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 Section 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:

Max H. Jacobs Jr. **Max H. Jacobs Jr.**

3/19/08

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: the Month: the Year: