

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005105

FILED
Apr 13, 2009
Secretary of State

Entity Name: PRAIRIE LAKE VILLAGE HOA, INC.

Current Principal Place of Business:

PREMIER COMMUNITY MANAGERS, INC.
5151 ADANSON ST, STE 103
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

PREMIER COMMUNITY MANAGERS, INC.
5151 ADANSON ST, STE 103
ORLANDO, FL 32804

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:

PREMIER COMMUNITY MANAGERS, INC.
5151 ADANSON ST
STE 103
ORLANDO, FL 32804 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: PD () Delete
Name: JACOBS, MAX
Address: 2247 MOUNTAIN SPRUCE STREET
City-St-Zip: OCOEE, FL 34761

Title: TD () Delete
Name: BOSTIC, SAMUAL
Address: 2425 SWEET OAK ST
City-St-Zip: OCOEE, FL 34761

Title: D (X) Delete
Name: ASUNCION, FRANCINE
Address: 2263 MOUNTAIN SPRUCE ST
City-St-Zip: OCOEE, FL 34761

Title: D (X) Delete
Name: WILLIAMS, BETTY
Address: 2401 SWEET OAK ST
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMS, BETTY
Address: 2401 SWEET OAK ST
City-St-Zip: OCOEE, FL 34761

Title: D (X) Change () Addition
Name: JACOBS, MAX
Address: 2247 MOUNTAIN SPRUCE STREET
City-St-Zip: OCOEE, FL 34761

Title: S (X) Change () Addition
Name: BOSTICK, SAMUAL
Address: 2425 SWEET OAK ST
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 exemption stated 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 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: BETTY WILLIAMS

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date