

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008819

**Entity Name:** PRAIRIE LAKES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

301 CRYSTAL LAKE DR.  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

301 CRYSTAL LAKE DR.  
ST. AUGUSTINE, FL 32084 US

**FEI Number:** 06-1690838

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PACETTI, JILL  
301 CRYSTAL LAKE DR.  
ST. AUGUSTINE, FL 32084 US

*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:** JILL PACETTI

01/05/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PACETTI, JILL  
Address        301 CRYSTAL LAKE DR.  
City-State-Zip: ST. AUGUSTINE FL 32084

Title            VP  
Name            GREENE, MEARYS  
Address        301 CRYSTAL LAKE DR.  
City-State-Zip: ST. AUGUSTINE FL 32084

Title            SECRETARY  
Name            NODA, BELINDA  
Address        301 CRYSTAL LAKE DR.  
City-State-Zip: ST. AUGUSTINE FL 32084

Title            DIRECTOR  
Name            LITTLE, JOHN  
Address        301 CRYSTAL LAKE DR.  
City-State-Zip: ST. AUGUSTINE FL 32084

Title            DIRECTOR  
Name            FARMER, FRED  
Address        301 CRYSTAL LAKE DR.  
City-State-Zip: ST. AUGUSTINE FL 32084

Title            TREASURER  
Name            RODRIGUEZ, GISELLE  
Address        301 CRYSTAL LAKE DR.  
City-State-Zip: ST. AUGUSTINE FL 32084

Title            DIRECTOR  
Name            AYALA, GUSTAVO  
Address        301 CRYSTAL LAKE DR.  
City-State-Zip: ST. AUGUSTINE FL 32084

*I hereby 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 all other like empowered.*

**SIGNATURE:** GUSTAVO F AYALA

**DIRECTOR**

01/05/2021

Electronic Signature of Signing Officer/Director Detail

Date