
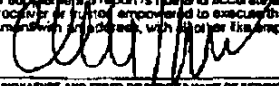


FILED
Feb 21, 2007 8:00 am
Secretary of State

01-25-2007 90056 044 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/25/

DOCUMENT # N06000005134			
1. Entity Name THE COMMONS @ PRIMERA ASSOCIATION, INC.			
Principal Place of Business 2400 DIXIE FOREST ROAD RALEIGH, NC 27615		Mailing Address P.O. BOX 17513 RALEIGH, NC 27619	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5070761		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMPSON, JOHN R JR. 280 WEST CANTON AVENUE SUITE 410 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 _____ <small>Signature, Word or Printed Name of Registered Agent and Title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PO	TITLE	
NAME	ACTON, JOHN A	NAME	
STREET ADDRESS	P.O. BOX 17513	STREET ADDRESS	
CITY- ST- ZIP	RALEIGH, NC 27619	CITY- ST- ZIP	
TITLE	VD	TITLE	
NAME	MITCHELL, CHARLES J JR.	NAME	
STREET ADDRESS	120 EAST COLONIAL DRIVE	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO, FL 32801	CITY- ST- ZIP	
TITLE	STD	TITLE	
NAME	STITT, ROGER	NAME	
STREET ADDRESS	1708 EAST SEMORAN BLVD., SUITE 128	STREET ADDRESS	
CITY- ST- ZIP	APOPKA, FL 32703	CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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 supplementary 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 recipient of funds 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 or less than empowered.			
SIGNATURE: 		CHARLES J. MITCHELL, JR. 1-18-07 407-872-0209	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date	

6600000



D1172007 Chg-NP CR2E037 (12/06)