


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90058 019 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N40814**

1. Corporation Name  
**PRIMERA OWNER'S ASSOCIATION, INC.**

**RECEIVED JAN 15 1999**

|   |   |
|---|---|
| Principal Place of Business<br>C/O NC LIFE & HEALTH GUARANTY ASSOC.<br>702 OBERLIN RD. STE. 250<br>RALEIGH NC 27605<br>US | Mailing Address<br>C/O NC LIFE & HEALTH GUARANTY ASSOC.<br>702 OBERLIN RD. STE. 250<br>RALEIGH NC 27605<br>US |
|---|---|



|   |  |   |  |
|---|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 | 3. Date Incorporated or Qualified<br>11/09/1990 | 4. FEI Number<br>NOT APPLICABLE<br>Applied For<br>Not Applicable |
|---|--|---|--|

|  |   |   |  |
|--|---|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |   |  |
| 9. Name and Address of Current Registered Agent<br><b>PALMETTO CHARTER SERVICES, INC.<br/>150 MAGNOLIA AVENUE<br/>DAYTONA BEACH FL 32114</b> |   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code |  |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ACTON, JOHN A                       | 1.2 NAME  |   |
| STREET ADDRESS             | 401 GLENWOOD AVENUE                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | RALEIGH NC 27603                    | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VPD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BLINSON, MICHAEL D                  | 2.2 NAME  |   |
| STREET ADDRESS             | 702 OBERLIN ROAD                    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | RALEIGH NC 27603                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | STD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HOLLOWAY, JOSEPH JR.                | 3.2 NAME  |   |
| STREET ADDRESS             | 401 GLENWOOD AVENUE                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | RALEIGH NC 27603                    | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 1/8/99 DAYTIME PHONE #: 919 828-6110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)