


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90325 042 ****61.25

DOCUMENT # N40814

1. Entity Name
PRIMERA OWNER'S ASSOCIATION, INC.



Principal Place of Business
120 E COLONIAL DR
ORLANDO, FL 32801 US

Mailing Address
120 E COLONIAL DR
ORLANDO, FL 32801 US

2. Principal Place of Business - No P.O. Box #
1516 E. HILLCREST ST.
 Suite, Apt. #, etc.
STE. 210

3. Mailing Address
1516 E. HILLCREST ST.
 Suite, Apt. #, etc.
STE. 210

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32803

Country
USA

01142008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing 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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ACTON, JOHN A	
STREET ADDRESS	2400 DIXIE FOREST RD	
CITY-ST-ZIP	RALEIGH, NC 27615	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHIT, DUNCAN	
STREET ADDRESS	300 PRIMERA BLVD, SUITE 140	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	STD	<input type="checkbox"/> Delete
NAME	OWEN, LYNN W III	
STREET ADDRESS	480 S KELLER ROAD	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, KEVIN	
STREET ADDRESS	1200 WEBER STREET	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, JAMIE	
STREET ADDRESS	31525 W TWELVE MILE ROAD, SUITE LL1	
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, FRED	
STREET ADDRESS	231 WEST MINNESOTA AVENUE	
CITY-ST-ZIP	DELAND, FL 32720	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: John A. Acton 1/30/08 919-880-8989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John A. Acton
President