

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N40814

Entity Name: PRIMERA OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1516 E HILLCREST ST
STE 210
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

1516 E HILLCREST ST
STE 210
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32114 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: PD () Delete
Name: ACTON, JOHN A
Address: 2400 DIXIE FOREST RD
City-St-Zip: RALEIGH, NC 27615

Title: VD () Delete
Name: WHIT, DUNCAN
Address: 300 PRIMERA BLVD, SUITE 140
City-St-Zip: LAKE MARY, FL 32746

Title: STD () Delete
Name: OWEN, LYNN W III
Address: 480 S KELLER ROAD
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: MILLER, KEVIN
Address: 1200 WEBER STREET
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: ROSS, JAMIE
Address: 31525 W TWELVE MILE ROAD, SUITE LL1
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: D () Delete
Name: LANE, FRED
Address: 231 WEST MINNESOTA AVENUE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: JOHN A. ACTON

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date