2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40814

1. Entity Name

PRIMERA OWNER'S ASSOCIATION, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90673 048 ****61.25

			`	COO WE THE				
Principal Pla	ace of Business	Mailing Address		,	1			
C/O NC LIFE & HEALTH GUARANTY ASSOC. 702 OBERLIN RD. STE. 250 RALEIGH NC 27605 US		C/O NC LIFE & HEALTH	C/O NC LIFE & HEALTH GUARANTY ASSOC 702 OBERLIN RD. STE. 250 RALEIGH NC 27605		 	8) 2010) 2 2 0 2 2 8 2	FI GTOLL GLOUI DEDJE O	11 3 12 0 2011 2001
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number N	OT APPLICABLE		Applied For
Zip	Country	Zip	Country	·	5. Certificate of St		\$8.75 A	
6. Name and Address of Current		nt Pagistared Agent					Fee Requir	red
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
PAI MET	TO CHARTER SERVICES, INC.		713					
	GNOLIA AVENUE		Stre	et Address (P.O. Box Number is N	vot Acceptable)		
	A BEACH FL 32114							
DATION	A BEAUTITE SETT							
							Zip Cod	
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.								
	de de la companya de							
SIGNATURE								I
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (No	DTE: Registered Agent s	ignature required	when reinstating)	DA*	re	
			-					
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Ch Florida Dep	eck Payable partment of	to State
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIDECTORS #	
TITLE	PD	☐ Delete	TITLE	<u> </u>	ODITIONS/CHANGE	S TO OFFICERS AND		
NAME	ACTON, JOHN A	C Stick	NAME				☐ Change	Addition
STREET ADDRESS	401 GLENWOOD AVENUE		STREET ADDRE	SS				}
CITY-ST-ZIP	RALEIGH NC 27603		CITY-ST-ZIP					
TITLE	VPD	☐ Delete	TITLE				☐ Change	Addition
NAME	BLÎNSON, MICHAEL D		NAME				☐ Onlinge	
STREET ADDRESS	702 OBERLIN ROAD		STREET ADDRE	ss				
-CITY-ST-ZIP	RALEIGH NC 27603		-CITY-ST-ZIP_					
TITLE	STD	☐ Delete	TITLE			.	☐ Change	☐ Addition
NAME	HOLLOWAY, JOSEPH JR.		NAME					
STREET ADDRESS	401 GLENWOOD AVENUE		STREET ADDRE	ss				
CITY-ST-ZIP	RALEIGH NC 27603		CITY-ST-ZIP					{
TITLE		☐ Delete	TITLE				Change	Addition
NAME	•		NAME					
STREET ADDRESS			STREET ADDRES	ss				}
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ANDRESS			NAME					1
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	SS				
		· · · · · · · · · · · · · · · · · · ·	C!TY-ST-ZIP			<u></u>		
TITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS	_				
CITY-ST-ZIP			STREET ADDRES	³⁵				
12. Thereby certify that the information supplied with this filing does not qualify			CITY-ST-ZIP					
Inereby c	erury that the information supplied wit	h this filing does not qualify fo	r the evenntion o	stated in Coa	tion 110 07(2)(i) Elevi	into Otota Account of the		

12. I nereby 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 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 giver like empowered.

SIGNATURE!

ENLATINE PEULINOSIL JOIN A. ACTON

2/20/03 9/9-873-150