
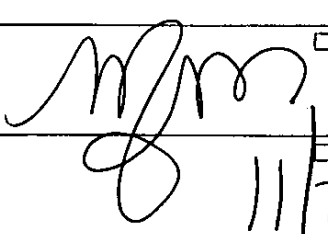


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV 29 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000004868					
1. Entity Name PRIMA VISTA WATER MANAGEMENT ASSOCIATION, INC.					
Principal Place of Business WALGREEN LAW DEPARTMENT 104 WILMOT ROAD DEERFIELD, IL 60015			Mailing Address WALGREEN LAW DEPARTMENT 104 WILMOT ROAD DEERFIELD, IL 60015		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
10132005 REIN-NP CR2E099 (6/04)					
4. FEI Number 36-1924025				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			7. Name and Address of New Registered Agent		
MASTERS, MARGARET 7620 SOUTH US HIGHWAY ONE PORT ST. LUCIE, FL 34952-2320			Name ALAN BLACKARD		
			Street Address (P.O. Box Number is Not Acceptable) 7620 South US Hwy One		
			City Port St Lucie FL Zip Code 34952		
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 <u>W. A. Montgomery</u>		<u>Al Shubert</u>		DATE 10-27-05	
Signature, typed or printed name of registered agent and fee if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LENNER, SUSAN M 1630 TIGERTAIL AVENUE MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600061221586 11/07/05--01066--019 **236.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD MASTER, MARGARET 7620 SOUTH US HIGHWAY ONE PORT ST. LUCIE, FL 349522320	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MONTGOMERY, WILLIAM A 104 WILMOT ROAD MS #1420 DEERFIELD, IL 60015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11/29	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: <u>W.A. Montgomery</u>		<u>Al Shubert</u>		DATE 10-27-05 847-315-4573	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	