


FILED
Mar 20, 2006 8:00 am
Secretary of State

900032-

DOCUMENT # N04000004868						03-20-2006 90007 028 ****61.25	
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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BLACKARD, ALAN 7620 SOUTH US HIGHWAY ONE PORT ST. LUCIE, FL 34952				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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		
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	ALAN BLACKARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V MONTGOMERY, WILLIAM A JR. 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		
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 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: X William A. Montgomery Jr.				3-13-06 847-315-4573			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			