


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90181 003 ****61.25

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address WALGREEN TAX DEPARTMENT
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Suite, Apt. #, etc.	Suite, Apt. #, etc. 104 WILMOT ROAD, MS #1435
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City & State	City & State DEERFIELD, IL
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Zip	Country	Zip	Country
		60015	



01112007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent BLACKARD, ALAN 7620 SOUTH US HIGHWAY ONE PORT-ST-LUCIE, FL 34952		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNER, SUSAN M	NAME	
STREET ADDRESS	1630 TIGERTAIL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE	PSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKARD, ALAN	NAME	
STREET ADDRESS	7620 SOUTH US HIGHWAY ONE	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 349522320	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, WILLIAM A JR.	NAME	
STREET ADDRESS	104 WILMOT ROAD, MS #1420	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD, IL 60015	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: W.A. Montgomery Jr **WILLIAM A. MONTGOMERY, JR.**
VICE PRESIDENT
1/11/07 (847) 315-4573
Date Daytime Phone #