

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 TAX DEPARTMENT  
104 WILMOT ROAD MS #1435  
DEERFIELD, IL 60015

**FILED**  
**Feb 12, 2008 08:00 AM**  
**Secretary of State**



01102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BLACKARD, ALAN  
7620 SOUTH US HIGHWAY ONE  
PORT ST. LUCIE, FL 34952

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000025557  
02/21/08-80014-021 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LENNER, SUSAN M
STREET ADDRESS	1630 TIGERTAIL AVENUE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	PSD
NAME	BLACKARD, ALAN
STREET ADDRESS	7620 SOUTH US HIGHWAY ONE
CITY-ST-ZIP	PORT ST. LUCIE, FL 349522320
TITLE	V
NAME	MONTGOMERY, WILLIAM A JR.
STREET ADDRESS	104 WILMOT ROAD, MS #1420
CITY-ST-ZIP	DEERFIELD, IL 60015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*William A. Montgomery Jr* WILLIAM A. MONTGOMERY, JR.  
VICE PRESIDENT

1/10/2008 (847) 315-4573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #