

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004868

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** PRIMA VISTA WATER MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

WALGREEN LAW DEPARTMENT  
104 WILMOT ROAD  
DEERFIELD, IL 60015

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LENNER, SUSAN M  
Address: 1630 TIGERTAIL AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: PSD ( ) Delete  
Name: BLACKARD, ALAN  
Address: 7620 SOUTH US HIGHWAY ONE  
City-St-Zip: PORT ST. LUCIE, FL 34952320

Title: V ( ) Delete  
Name: MONTGOMERY, WILLIAM A JR.  
Address: 104 WILMOT ROAD, MS #1420  
City-St-Zip: DEERFIELD, IL 60015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A. MONTGOMERY JR.

V

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date