

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90029 016 ****61.25

DOCUMENT # N97000001215

1. Entity Name
SUSAN'S LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**PENN FIRST MANAGEMENT, INC.
1813 N DEAN ROAD SUITE 103
ORLANDO FL 32817**

Mailing Address
**PENN FIRST MANAGEMENT, INC.
1813 N DEAN ROAD SUITE 103
ORLANDO FL 32817**

54002685



MOORE CR2E037 (11/03)

2. Principal Place of Business
Premier Community Mgrs Inc
Suite, Apt. #, etc.
1255 Belle Ave, Ste 167
City & State
Winter Springs FL
Zip
32708
Country
US

3. Mailing Address
Premier Community Mgrs Inc
Suite, Apt. #, etc.
1255 Belle Ave, Ste 167
City & State
Winter Springs FL
Zip
32708
Country
US

4. FEI Number
59-3431792

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PENN FIRST MANAGEMENT, INC.
1813 N DEAN ROAD, SUITE 103
ORLANDO FL 32817**

7. Name and Address of New Registered Agent
Name
GARY HOUSE
Street Address (P.O. Box Number is Not Acceptable)
1255 Belle Ave, Ste 167
City
Winter Springs FL Zip Code
32708

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 **Gary House** (NOTE: Registered Agent signature required when reinstating) DATE **1-22-04**

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	PD MUZIA, LARRY 14230 CROOKED RIVER COURT CLERMONT FL 34714 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Anthony MARKESE 11950 GRACE'S WAY CLERMONT FL 34711 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FEDELER, PRITZ 11510 GRACE'S WAY CLERMONT FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY PROBST 11310 SWAN POINT DR. CLERMONT FL 34711 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SB TO BARKUS, ROBERT 11900 GRACE'S WAY CLERMONT FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHRISTIAN, ROD 11513 GRACE'S WAY CLERMONT FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALL, JOANNE 11230 CROOKED RIVER COURT CLERMONT FL 34714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY MUZIA 11230 CROOKED RIVER CT. CLERMONT FL 34711 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: **Anthony Markese** **1/27/04** **407-948-1882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #