2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2006 8:00 am
Secretary of State
02-14-2006 90003 043 ****61.25

DOCUMENT # N97000001215

1. Entity Name

SUSAN'S LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PREMIER COMMUNITY MGRS INC ~~1255 BELL A AVE., STE 167~~ ~~WINTER SPRINGS FL 32708~~	PREMIER COMMUNITY MGRS INC ~~1255 BELL A AVE., STE 167~~ ~~WINTER SPRINGS FL 32708~~

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. PREMIER COMMUNITY MANAGERS, INC	Suite, Apt. #, etc. PREMIER COMMUNITY MANAGERS, INC 5151 Adanson Ave Suite 99
City & State 5151 Adanson Ave Suite 99 Orlando, FL 32810	City & State Orlando, FL 32810
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
HOUSE, GARY C/O PREMIER COMMUNITY MGRS INC 1255 BELLA AVE., STE 167 WINTER SPRINGS FL 32708	Name Street Address (P.O. Box Number is Not Acceptable) PREMIER COMMUNITY MANAGERS, INC 5151 Adanson Ave Suite 99 City Orlando, FL 32810 **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 _____ 1-19-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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~~ Treasurer MARKESE, ANTHONY 11950 GRACE'S WAY CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASHELL, DOUGLAS 11602 GRACE'S WAY CLERMONT FL 34711	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jack White 13506 Summerport Village Pkwy Windermere, FL 34786	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARKUS, ROBERT 11900 GRACE'S WAY CLERMONT FL 34711	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary David Bolon 11841 Grace's Way Clermont, FL 34711	☐ 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	Vice President Frank Miller 11341 Susans Pointe Dr Clermont, FL 34711	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARRISH, KIM 11719 GRACE'S WAY CLERMONT FL 34711	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jeffrey L Poynter 11909 Grace's Way 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 exemptions contained in Section 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: [redacted] ANTHONY MARKESE, TREAS 1/31/06 407 948-1882