

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90022 003 ****61.25

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DOCUMENT # N97000001215 1. Entity Name SUSAN'S LANDING HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business PREMIER COMMUNITY MGRS INC 5151 ANDERSON AVE STE 99 ORLANDO, FL 32810		Mailing Address PREMIER COMMUNITY MGRS INC 5151 ANDERSON AVE STE 99 ORLANDO, FL 32810	
2. Principal Place of Business - No P.O. Box # PREMIER COMMUNITY MANAGERS INC 5151 ADANSON ST SUITE 103 ORLANDO, FL 32804		PREMIER COMMUNITY MANAGERS INC 5151 ADANSON ST SUITE 103 ORLANDO, FL 32804	
		01312007 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-3431792	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUSE, GARY C/O PREMIER COMMUNITY MGRS INC 5151 ANDERSON AVE STE 99 ORLANDO, FL 32810		7. Name and Address of New Registered Agent Name <i>Gary House</i> PREMIER COMMUNITY MANAGERS INC 5151 ADANSON ST SUITE 103 ORLANDO, FL 32804	
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 <i>Gary House</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARKESE, ANTHONY 11950 GRACE'S WAY CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tahleer Miller 11341 Susan's Pkwy DK CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, JACK 13506 SUMMERPORT VILLAGE PKWY WINDERMERE, FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steven Healey 11535 Grace's Way CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOON DAVID 11841 GRACE'S WAY CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, FRANK 11341 SUSAN'S POINTE DR CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POYNTER, JEFFREY 11909 GRACE'S WAY CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS 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: <i>John J. White</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		(JACK) JOHN J. WHITE - PRES. 02-14-07 407-696-5700 <small>Date Daytime Phone #</small>	