

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90029 020 ****61.25

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 #	



40100000



Premier Community Managers, Inc.
5151 Adanson Street, Suite 103
Orlando, FL 32804

Premier Community Managers, Inc.
5151 Adanson Street, Suite 103
Orlando, FL 32804

32008 Chg-NP CR2E037 (12/06)

File Number 9-3431792	Applied For <input type="checkbox"/> Not Applicable
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Certificate of Status Desired ☐ **\$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 Mary House Premier Community Managers, Inc. 5151 Adanson Street, Suite 103 Orlando, FL 32804 Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered agent, and I, the undersigned, am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE 4-28-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

**Filing Fee is \$61.25
Due by May 1, 2008**

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	T MILLER, KATHLEEN 11341 SUSAN'S POINT DR. CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Robert BARKUS III 1190 Graceway Clermont, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, JACK 13506 SUMMERPORT VILLAGE PKWY WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rod Christian 11513 Graceway Clermont, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLON, DAVID 11841 GRACE'S WAY CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres David BOON 11841 Graceway Clermont, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, FRANK 11341 SUSAN'S POINTE DR CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Anthony Markese 11950 Graceway Clermont, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEALEY, STEVEN 11535 GRACES'S WAY CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Pete McNeil 11516 Graceway Clermont, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #