FILED May 14, 2002 8:00 am Secretary of State

	KEKOKI (UBK)	05-14-2002 90354 016 ****61.25
DOCUMENT # N17634		7
I I. FIIIIV Name	10 V	
PERICO BAY CLUB ASSOC	c INC	
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DO NOT WRITE IN	THIS SPACE	
2 Division (2)	The confidence of the confiden	
2. Principal Place of Business 440, A. Cankuis TAOAR PKIO	lailing Address	
Suite, Apt setc.	440ELLONGUISTADER PKU Suite, Apt. #, etc.	
t 7 c/s	GARNONY MGT #1	DO NOT WRITE IN THIS SPACE
BENDENTON FL B	City & State	4. FEI Number Can 3 / 5 6 Applied For
Zip / Country	CADENTON IC	59.3823632 Not Applicable
34210 Country CA	12/210 Country A	5. Certificate of Status Desired \$8.75 Additional
No. 1 State 1		Fee Required 7. Name and Address of Current Registered Agent
	Name 7	1/15 1/20 10/1/
DO NOT WRIT	Super Address	SPO BOX NUMBER OF NOT ASSESSED IN STRUCKY MET
IN THIS SPAC	E 4400	S (P.O. Bgx Number is Not Acceptable) ECCONSULISTADOR PLWY 1
IN THIS SPAC	E #/	
· ·	City Bea	DENTON FL Zip Codd/2 10
8. The above named entity submits this statement for the pur	pose of changing its registered office or regist	ered agent or both in the etch of Cl
1. [[]	1	cred agent, or both, in the state of Florida.
SIGNATURE/SIGNATURE/SIGNATURE	To CAIN	n. w.c.nz
Signature expert or printed name of registered agent and title if ap		7/13=01
		OATE .
FEE IS \$61.25	9. Election Campaign Financing	\$5.00 May Be Make Check Payable to
Initial or Amended UBR	Trust Fund Contribution.	Added to Fees Department of State
10. OFFICERS AND DIRECTORS	55	
TITLE P-D	TIPLE	
NAME JOAN DUNN STREET ADDRESS 844 ACIDULBON	NAME NAME	
	STREET ADDRESS	
THE DECTION PC 34201	CHY-ST-ZIP	CR2E037B (12/n)
NAME OF BEEL	TITLE,	
STREET ADDRESS SOI AUDUBON	NAME STREET ADDRESS	5
CHY-ST-ZIP BRADENTON CC 34209	CHY-ST-ZIP	
T - D	TITLE	و ا من المعالمة المعا
TREET ADDRESS NOT ROSEATE CT	NAME	
BRADENTON FL 34209	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TLE S-D	TITLE	DO MOT WALLE
AME FRANKIE BLASEWITZ	NAME	IN THIS SPACE
TREET ADDRESS 8/1 WATERSIDE LA	STREET ADDRESS	
1810 FO FC 34-209	CITY+ST-ZIP	·
THE D AME FRAN HUGHES	TIFLE	
REET ADDRESS GOS ESTUARY	NAME STREET ADDRESS	
TY-ST-ZIP DRADENTON EL 34209	STREET ADDRESS CITY-ST-ZIP	
LTE D	TILE	
ME BILL ANDERSON	NAME	
TY-SI-ZIP BAROS INTO PT CIR	STREET ADDRESS	
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! I hereby cortify that the information	CHY-ST-ZIP	
I hereby certify that the information supplied with this filing d indicated on this report or supplemental report is true and are of the correction or the competition.	cry-sr-zip	ction 119.07(3)(i). Florida Statutes. I further certify that the information arme legal effect as if made under oath; that I am an officer or director 7. Florida Statutes; and that my name appears in Block 10 or on an

FOR-PROFIT CORPORATION RM BUSINESS REPORT (UBR) ATTACHMENT 658336 DOCUMENT # N/7634 PERICO BAY CLUB ASSOC INC DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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. FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Initial or Amended UBR Trust Fund Contribution. Department of State OFFICERS AND DIRECTORS FRANK SCANLON 857 WATERSIDE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRACKNION EL 24209 CITY - ST - ZIP TITLE HERBERT BARTH 37 SPOONBILL LANDING GRE 2DDENTON A 34-709 STREET ADDRESS STREET ADDRES CITY-ST-71P CITY-ST-ZIP TITLE TITLE RICHARD SMITH 1365 PERICO FOINTE CUR STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY+ST-ZIP DRADENTUN, EL 34209 CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY: ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRES CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR