		PLEA	SE READ	ALL INST	RUCTIO	NS BEF	ORE CO	MPLET	ING 7	ΓḤIS FΟΙ	RM.		
	CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 03 JUN-4 PM 2: 39 SECRETARY OF					
DOCUMENT # 765513 1. Corporation Name								SECNETARY OF STATE TALLAHASSEE, FLORIDA					
Perico Island Patio Homes Condominium Association, Section I, Inc.													
2. Principal Office Address c/o Harmony Management				3. Mailing Office Address Same				600020996846 06/17/0301065019 ***918.75					
Suite, Apt. #, etc. 4400 El Conquistador Pkwy.				Suite, Apt. #, etc.			4	Date Incor		or Qualified	0/22/1	982	·-
City & State Bradenton, FL				City & State			5	FELNumbe		**************************************	VI.	Арр	lied For
zip 34210	·			Zip	C	Country		CERTIFICATI	E OF STAT	OO — TUS DESIRED •	\$8.75 Ac	dditional F	Applicable Fee required of Status
	I			7. 1	lame and Add	ress of Curren	Registered /	Agent					
	Name Harmony Management (Anna Kelly)												
	Street Address (P.O. Box Number is Not Acceptable)												
ı	4400 El Conquistador Pkwy., Stes. 4-8												
	Suite, Apt. #, Etc.												
	Bradenton								State FL	Zip Code 34231	0		
8. I, being	appointed the	registere	d agent of the abo	ve named corpo	cation, am fami	iliar with and ac	cept the obliga	ations of secti	on 607.0	505 or 617.050	3, F.S.	•	
Signature of Registered Agent Agent									Date	5.7			8
			RE	GISTERED AG	ENT MUST SI	GM							
9. Names	and Street Ac	dresses	of Each Officer and	d/or Director (Flo	orida nonprofit o			3 directors)	Т				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip					. 1
D	Roger Domme, Pres			ident	11103	Belle	Meade	Ct	Bra	denton	, FL	3420)9
D	Neal	Fine	elli,Vic	e Pres	11110	Belle	Meade	Ct	Bra	denton	, FL	3420	09
D	Pat Farragher, Treasurer 11214 Veranda Co						la Cou	Bradenton, FL 34209					9
	Henry	Вес	cker,Sec	retary	11009	Peach	Point	Ct	Bra	denton	, FL	3420	09,
	Roger	Sco	ott,Dir.	@Large 11202 Longwo			ood Co	Court Bradenton, FL 34209)9	
owed b	nstatement ap by the corporat	ion have t	director or the receithe reason for dissippeen paid and the accurate, and my si	olution has beer names of individ	i eliminated, the uals listed on th	e corporate nam nis form do not o	e satisfies the walify for an e	requirements xemption und	of eaction	n 607 0401 oct	217 AAA4 E	C that	II da a a

SIGNATURE: Roll B. Domme 5-30-03 941-761-0082
SIGNATURE and Typed or Printed Name of Signing Officer or Director

Date

Dayline Phone #

CR2E081 (10/02)