## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 19, 2005 8:00 am Secretary of State

1. Entity Name PERIMETE ASSOCIAT	01	1-19-2005 9	00002 050 <b>****</b> 61.	25				
Principal Place of Business Mailing Address 101 PLANTATION DR 101 PLANTATION DR PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, F			FL 32082			5000340	V1	
2. Principal Place of Business  1.555 CENTRAL BUKWAY  Suite, Apt. #, etc.  3. Mailing Address  **POCIL DWW.**  Suite, Apt. #, etc.			: Assoc., m	01102005				
Scite 1104 City & State		Po Boy 3153		4. FEI Number	chg-NP 		oplied For	
Zip 32221	DNVUE, TU Country 125	PONTE VEAR	Country	5. Certificate of S		\$8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Ad	7. Name and Address of New Registered Agent			
HALL, PIKE III			Name	tou, PIKE III				
101 PLANTA PONTE VED	ATION DR DRA BEACH, FL 32082	Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
City City Zio Code							e	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							_	
	Ignature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature re	L LY equired when reinstating)		1/1/05 DATE/		
sì	griature, typed or priviled name of registered agent a Filling Fee Is \$61.25 Due by May 1, 2005	<u> </u>	paign Financing	\$5.00 May Be Added to Fees	Flo	DATE/DATE/DATE/DATE/DATE/DATE/DATE/DATE/	tate	
F C	filing Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND DIF	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be Added to Fees	Flo		tate	
10.	filing Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND DIF	9. Election Cam Trust Fund C	ipaign Financing ontribution.	\$5.00 May Be Added to Fees	Flo	rida Department of S	tate	
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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 ampowered 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 additions, with all other like empowered.

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

1/11/05

Daytime Phone #

☐ Change

Change

☐ Addition

Addition