

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06482 (6)

1. Corporation Name

PERICO BAY VILLAGE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2055 WOOD STREET
STE 202
SARASOTA FL 34237
US2055 WOOD STREET
STE 202
SARASOTA FL 34237-7945
US3. Date Incorporated or Qualified
12/05/19843a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-2567356

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROPERTY & ACCOUNTING MGMT INC
2055 WOOD STREET
STE 202
SARASOTA FL 34237

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NORMAN, NANCY	
STREET ADDRESS	704 ESTUARY DR.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STANLEY, RUSSELL	
STREET ADDRESS	702 ESTUARY DR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ELIZABETH ROBIN	
STREET ADDRESS	622 ESTUARY DR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MESITI, MARY	
STREET ADDRESS	733 ESTUARY DR.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES IMBISTONE	
STREET ADDRESS	703 ESTUARY DR	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Slovin, Lawrence	
1.3 STREET ADDRESS	628 Estuary Dr.	
1.4 CITY-ST-ZIP	Bradenton, FL 34209	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jackson, Sandra	
2.3 STREET ADDRESS	725 Estuary Dr.	
2.4 CITY-ST-ZIP	Bradenton, FL 34209	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mesite, Mary	
4.3 STREET ADDRESS	733 Estuary Dr.	
4.4 CITY-ST-ZIP	Bradenton, FL 34209	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

Date

Daytime Phone # 0063256

CR2E037 (9/96)