FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N06482

(6)

PERICO BAY VILLAGE ASSOCIATION, INC.

Principal Place of Business				Mailing Address				t sabitel, dir gaire gitti dibbt ibile unt statt nielt nielt debit dibit fest			
2055 WOOD STREET				2055 WOOD STREET				3. Date Incorporated or Qualified			
STE 202				STE 202				12/05/1984			
SARASOTA FL 34237 US				SARASOTA FL 34237 US					ied For		
,								59-2567356 Not A	Applicable		
2. 21	2. Principal Place of Business			2a. Mailing Address 26				5. Certificate of Status Desired S8.75 Add Fee Requ			
_	Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 Ma			
22			!	27				Trust Fund Contribution Added to F			
二	City & State			City & State				7. Is this nonprofit corporation a homeowners association?			
23		· · · · · · · · · · · · · · · · · · ·			28			☐ Yes ☑ No			
_	Ζıρ	├─ ─				8. This corporation owes or has paid the current year Intangible			-		
24				29	<u></u>				Personal Property Tax due June 30. Ly Yes Ly No 10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name											
l	ANANCHTY 6		******					-			
	PROPERTY & A		MGMINU			82	Street	t Address (P.O. Box Number is Not Acceptable)			
	2055 WOOD S STE 202	HEET			83						
SARASOTA FL 34237											
l	SAMOUIA FL	. 34231				84	City	FL 85 Zip Coi	de		
11	. Pursuant to the r	provisions of Sec	tions 617.0502 ε	and 617.1508, Florida	Statutes, the	 above	a-named		eaistered		
	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.										
511	GNATURESignature	, typed or printed nam	e of registered agent ar	and little if applicable.	(NOTE Regist	ered Age	nt signature	re required when reinstating) DATE			
12	i	0	OFFICERS AND D		1;	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I			
TIT.				DELE	.TE 1.1	1 TITLE	ļ		Addition		
NA		ovin, terrano				2 NAME	- 1	Salvatore, Anne			
STE		ESTUARY DR	i.		1.3	3 STREET	ADDRESS				
		ADENTON FL				CITY-S	T-ZIP	Bradenton, FL 34209	_		
TIT	1			DELE:	.TE 2.1	TITLE	ļ	☐ Change (Addition		
		CKSON, SANDI			•	2 NAME	İ				
STF	,	ESTUARY DR	L		23) STAEET	address				
		ADENTON FL		F-L SELE		4 CITY-S	T-ZIP		- 4.1000		
TITI	, -,	DARE		DELE		1 TATLE	I	DV Change Davis, James	Addition		
NAJ		ZABETH ROBIN				NAME	1				
		ESTUARY DR	i				ADDRESS	-			
		ADENTON FL		₩ DELE		1. CITY-S	J-ZIP	Bradenton, FL 34209	∠ Addition		
TITI	'-	OITS ASADV		LA DELL		1 TITLE 2 Name		1 · - •	₩ Municion		
		siti, mary Bestuary dr					≜nongg e	Stanley, Russell			
		ADENTON FL			4		ADDRESS	(
TITI		DENIUN FL		DELE		CITY-SI	1-ZIP	Bradenton, FL 34209	Addition		
NA	, -	AES IMBISTON	ic.			NAME		D Hughes, Francis	ga maaaaa		
		ESTUARY DR	- -				ADDRESS	1 -			
		ADENTON FL	1			CITY-SI		Bradenton, FL 34209			
TITE		DE:::-		DELE		TITLE			Addition		
NAI	ME				6.2	NAME					
	REET ADDRESS						ADORESS				
	Y-ST-ZIP					CITY-SI					
	I harabu partifuth	at the informatic	on supplied with	this filing does not qu	alifu for the c		tion ataka	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the inf	formation		
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 truslee 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.											
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

/time Phone • 0065431

FILED

May 15 1998 8:00am

Secretary of State