


FILE NOW: FILING FEE IS \$61.25

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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90057 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N06482					
1. Corporation Name PERICO BAY VILLAGE ASSOCIATION, INC.					
Principal Place of Business 2055 WOOD STREET STE 202 SARASOTA FL 34237 US			Mailing Address 2055 WOOD STREET STE 202 SARASOTA FL 34237 US		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/05/1984	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2567356	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent PROPERTY & ACCOUNTING MGMT INC 2055 WOOD STREET STE 202 SARASOTA FL 34237				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SALVATORE, ANN		1.2 NAME	Douglas, Robert			
STREET ADDRESS	704 ESTUARY DR		1.3 STREET ADDRESS	613 Estuary Dr.			
CITY-ST-ZIP	BRADENTON FL 34209		1.4 CITY-ST-ZIP	Bradenton, FL 34209			
TITLE	DS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	JACKSON, SANDRA		2.2 NAME	Hood, Nadja			
STREET ADDRESS	725 ESTUARY DR.		2.3 STREET ADDRESS	720 Estuary Dr.			
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP	Bradenton, FL 34209			
TITLE	DV	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	DAVIS, JAMES		3.2 NAME	Herold, Joseph			
STREET ADDRESS	706 ESTUARY DR		3.3 STREET ADDRESS	723 Estuary Dr.			
CITY-ST-ZIP	BRADENTON FL 34209		3.4 CITY-ST-ZIP	Bradenton, FL 34209			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	STANLEY, RUSSELL		4.2 NAME	Imbistone, James			
STREET ADDRESS	702 ESTUARY DR		4.3 STREET ADDRESS	703 Estuary Dr.			
CITY-ST-ZIP	BRADENTON FL 34209		4.4 CITY-ST-ZIP	Bradenton, FL 34209			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HUGHES, FRANCIS		5.2 NAME				
STREET ADDRESS	605 ESTUARY DR		5.3 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34209		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 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, with all other like empowered.

SIGNATURE: _____

4/10/99

Date Daytime Phone #