

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06482

1. Entity Name

PERICO BAY VILLAGE ASSOCIATION, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90045 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2055 WOOD STREET  
STE 202  
SARASOTA FL 34237  
US

2055 WOOD STREET  
STE 202  
SARASOTA FL 34237-7929  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4400 El Conquistador Pkwy  
Suite, Apt. #, etc.

P.O. Box 10067  
Suite, Apt. #, etc.

City & State

City & State

Bradenton, FL

Bradenton, FL

Zip 34210 Country U.S.

Zip 34282 Country U.S.

4. FEI Number

59-2567356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

Name

Harmony Management

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

4400 El Conquistador Pkwy.

Ste # 13

City

Bradenton, FL

Zip Code

34210

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD  
NAME DOUGAS, ROBERT  
STREET ADDRESS 613 ESTUARY DR  
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS  
NAME HOOD, NADJA  
STREET ADDRESS 720 ESTUARY DR  
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV  
NAME HEROLD, JOSEPH  
STREET ADDRESS 723 ESTUARY DR  
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME IMBISTONE, JAMES  
STREET ADDRESS 703 ESTUARY DR  
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME HUGHES, FRANCIS  
STREET ADDRESS 605 ESTUARY DR  
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 empowered 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #