

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90669 017 \*\*\*\*61.25

0053381

**DOCUMENT # N06482**

1. Entity Name

**PERICO BAY VILLAGE ASSOCIATION, INC.**

Principal Place of Business

**4400 EL CONQUISTADOR PKWY  
 STE 13  
 BRADENTON FL 34210  
 US**

Mailing Address

**PO BOX 10067  
 BRADENTON FL 34282  
 US**

2. Principal Place of Business

3. Mailing Address

**4400 El Conquistador PK**

Suite, Apt. #, etc.

**Ste 1**

Suite, Apt. #, etc.

City & State

**Bradenton FL**

Zip

Country

Zip

Country

**34210**

**US**

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

7. Name and Address of New Registered Agent

**HARMINY MANAGEMENT  
 4400 EL CONQUISTADOR PKWY  
 STE 13  
 BRADENTON FL 34210**

Name

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

City

**FL**

Zip Code

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DOUGAS, ROBERT	
STREET ADDRESS	613 ESTUARY DR	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOOD, NADJA	
STREET ADDRESS	720 ESTUARY DR	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROBBIN, BETTY	
STREET ADDRESS	622 ESTUARY DRIVE	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	PD	<input type="checkbox"/> Delete
NAME	IMBISTONE, JAMES	
STREET ADDRESS	703 ESTUARY DR	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, FRANCIS	
STREET ADDRESS	605 ESTUARY DR	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Russ Stanley	
STREET ADDRESS	702 Estuary Dr	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

**Signature Required**

**4/4/02 941-758-9920**

Date

Daytime Phone #

CR2E037 (9/01)