## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 22, 2005 8:00 am Secretary of State 04-22-2005 90296 045 \*\*\*\*61.25 DOCUMENT # N06482 1. Entity Name PERICO BAY VILLAGE ASSOCIATION, INC. 20042555 Principal Place of Business Mailing Address 4400 EL COUQUISTODOR PKWY 4400 EL CONQUISTADOR PL BRADENTON, FL 34210 US BRADENTON, FL 34210 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142005 CR2E037 (10/03) City & State City & State Applied For 59-2567356 Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARMINY MANAGEMENT 4400 EL CONQUISTADOR PKWY Street Address (P.O. Box Number is Not Acceptable) STE 1 BRADENTON, FL 34210 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2005 Added to Fees 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition STANLEY, RUSS NAME NAME STREET ADDRESS 702 ESTUARY DR. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MUELLER, REINHARD NAME STREET ADDRESS **631 ESTUARY DRIVE** STREET ADDRESS BRADENTON, FL 34209 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change : ☐ Addition NAME CHARLES, CHERRY NAME STREET ADDRESS 629 ESTUARY DR. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP TITLE **VPD** ☐ Delete TITLE ☐ 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.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SAVATORE, RALPH

BRADENTON, FL 34209

BRADENTON, FL 34209

704 ESTUARY

VICARI, MARY

636 ESTUARY DR

-BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

☐ Addition

FILED