N06482

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06 OCT 18 AN 10:52 SECRETARY OF STATE, ALLAHASSEE EL CATE



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1 statement of change is submitted for a corporation organized under the laws of in order to change its registered office or registered agent, or both, in	of the State of FLORIDA
1. The name of the corporation: PERICO BAY VILLAGE ASSOCT	ATION, INC.
2. The principal office address: 2180 W SR 434 STE 5000	
LONGWOOD FL 32779-5044	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/05/1984 Document num	nber: N06482
5. The name and street address of the current registered agent and registered of Florida Department of State:	ffice on file with the
HARMINY MANAGEMENT	
4400 EL CONQUISTADOR PKWY STE	<u>1</u>
BRADENTON FL 34210	O6 SEC
6. The name and street address of the new registered agent (if changed) and /or (if changed):	r registered office AHASSEI
JAMES W HART JR	至 D
2180 W SR 434 STE 5000	LORII
(P.O. Box NOT acceptable)	DA 2
LONGWOOD FL 32779-5044	
The street address of its registered office and the street address of the busin as changed will be identical.	ess office of its registered agent,
Such change was authorized by resolution duly adopted by its board of dire authorized by the board, or the corporation has been notified in writing of t	ectors or by an officer so the change.
Gignature of an officer or director) Pres, Russell (Printed	0/ /
I hereby accept the appointment as registered agent and agree to act in thi. I further agree to comply with the provisions of all statutes relative to the pof my duties, and I am familiar with and accept the obligation of my position document is being filed merely to reflect a change in the registered office a corporation has been notified in writing of this change.	s capacity. Proper and complete performance On as registered agent. Or, if this ddress, I hereby confirm that the
July 10	s/6/06
(Signature of Registered Agent) If signing on behalf of an entity:	/ (Date)
JAMES W HART JR	
(Typed or Printed Name)	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)