

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06482

FILED
Apr 09, 2009
Secretary of State

Entity Name: PERICO BAY VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2567356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STANLEY, RUSSELL
Address: 702 ESTUARY DR
City-St-Zip: BRADENTON, FL 34209

Title: VPD () Delete
Name: MUELLER, REINHARD
Address: 631 ESTUARY DRIVE
City-St-Zip: BRADENTON, FL 34209

Title: TD () Delete
Name: CHAMBERLAIN, NEWTON
Address: 134 LAKEVIEW AVE
City-St-Zip: HOLLAND, MI 49424

Title: VPD () Delete
Name: SALVATORE, RALPH
Address: 704 ESTUARY DR
City-St-Zip: BRADENTON, FL 34209

Title: DS () Delete
Name: VICARI, MARY
Address: 636 ESTUARY DR
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: FAIRMAN, PATRICK
Address: 712 ESTUARY DR
City-St-Zip: BRADENTON, FL 34209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: CHAMBERLAIN, NEWTON
Address: 621 ESTUARY DR
City-St-Zip: BRADENTON, FL 34209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SLOVIN, LAWRENCE
Address: 628 ESTUARY DR
City-St-Zip: BRADENTON, FL 34209

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEWTON CHAMBERLAIN

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date