## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT # N13369**

1. Entity Name
PERICO ISLAND CONDOMINIUM ASSOCIATION, FIRST ADDITION, PALM VILLAS, INC.



Principal Place of Business

Mailing Address

~ COI
03-14-2

**FILED** Mar 14, 2007 8:00 am Secretary of State

007 90040 039 \*\*\*\*61.25

PERICO ISLA 343 108TH BRADENTON			343 -108TH ST. W. Bradenton, FL 34209 US				20006186							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address				Address										
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				01032007 Chg-NP CR2E037 (12/06)							
City & State		Cit	City & State				4. FEI Number 59-2648842					oplied For ot Applicable		
Zip	Country	Zip	Zip Cour		intry	, , ,	5. Certificate of Status Desired		Desired	□ <b>\$</b>	\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent							7. Name and	d Address	of New Re	gistered Aç	ent			
					Name									
EMBODY, WILLIAM I. 312 108TH ST. WEST BRADENTON, FL 34209					Street A	ddress (F	P.O. Box Numb	per is Not A	cceptable)					
DIVADENT	ON, FL 34209							•						
					City					FL	Zip Cod	8		
8. The above	named entity submits this st	atement for the purp	ose of changing its re	egistere	ed office or	r registere	ed agent, or bo	oth, in the S	State of Flor		miliar with	and accept		
the obligat	ions of registered agent.	, ,					<b></b>							
SIGNATURE							<del></del>							
	Signature, typed or printed name of reg	pistered agent and title if app	Sicable. (NOTE:	Registered	d Agent signet	ture required	when reinstating)			DATE				
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Make check payable to Florida Department of State							
•	_				on.						nent of S			
10. ~.	Due by May 1, 2007	IS AND DIRECTORS			on.	<del></del>	Added to Feet	s	Florid	ia Departr		tate		
10. ~	Due by May 1, 2007	S AND DIRECTORS		ontributi		<del></del>		s	Florid	ia Departr	CTORS IN	tate		
	Due by May 1, 2007 OFFICER	S AND DIRECTORS	Trust Fund Co	11.		<del></del>	Added to Feet	s	Florid	ia Departr		tate		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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.

Changed, or on an attachment with an address, will all our changed, or on an attachment with an address, will all our changed, or on an attachment with an address, will all our changed of significant change