

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26429

FILED
Jan 09, 2009
Secretary of State

Entity Name: PERICO ISLAND MAGNOLIA MANOR ASSOCIATION, INC.

Current Principal Place of Business:

C/O GARY D. TRAPP CPA PA
2723 MANATEE AVENUE WEST
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

C/O GARY D. TRAPP CPA PA
2723 MANATEE AVENUE WEST
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 59-2722289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARY TRAPP, P.A.
2723 MANATEE AVENUE WEST
BRADENTON, FL 34209 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: P () Delete
Name: HALL, FLORENCE
Address: 11006 PARICA WAY
City-St-Zip: BRADENTON, FL 34209

Title: VP () Delete
Name: MICHAELS, EUGENE
Address: 11009 JASMINE CIR
City-St-Zip: BRADENTON, FL 34209

Title: S () Delete
Name: KOPPIHKE, GREG
Address: 11004 PERICO WAY
City-St-Zip: BRADENTON, FL 34209

Title: T () Delete
Name: EMERY, JACK
Address: 11023 JASMINE CIR
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: FLORENCE HALL

PRES

01/09/2009

Electronic Signature of Signing Officer or Director

Date