

# 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, EUGUENE  
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