2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001575

FILED Jan 15, 2009 Secretary of State

Entity Name: PERICO SHORES HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3909 EAST BAY DRIVE 3909 EAST BAY DRIVE SUITE 110 SUITE 110 BRADENTON BEACH, FL 34217 US HOLMES BEACH, FL 34217 US **Current Mailing Address:** New Mailing Address: 3909 EAST BAY DRIVE 3909 EAST BAY DRIVE SUITE 110 SUITE 110 BRADENTON BEACH, FL 34217 US HOLMES BEACH, FL 34217 US FEI Number: 08-0171409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOPER, BEN A WALTER, MIKE CPA 3909 E BAY DRIVE, STE 110 3909 E BÁY DRIVE, STE 110 HOLMES BEACH, FL 34217 US US HOLMES BEACH, FL 34217 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: MIKE WALTER, CPA 01/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DPT () Change () Addition () Delete HANSON, GRAHAM Name: Name: 125A ROE LANE, SOUTH PORT Address: Address: City-St-Zip: MERSEYSIDE, ENGLAND, PR9 7PG City-St-Zip: Title: **DVPS** () Delete Title: () Change () Addition HANSEN, HAZEL Name: Name: Address: 125A ROE LANE SOUTH PORT Address: City-St-Zip: MERSEYSIDE, EN PR9788 CA City-St-Zip: Title: () Delete Title: (X) Change () Addition ELSASSER, DONALD Name: ROBINSON, COLIN Name: 301 107TH COURT WEST 301 107TH COURT WEST Address: Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: BRADENTON, FL 34209 Title: () Delete Title: () Change () Addition PAULSEN, WILLIAM Name: Name: Address: 302 107TH COURT W Address: City-St-Zip: BRADENTON, FL 34209 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: GRAHAM HANSON D 01/15/2009