


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000005846 1. Entity Name PERIDIA OFFICE PARK ASSOCIATION, INC.	
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Principal Place of Business 3910 GOLF PARK LOOP SUITE #1 BRADENTON, FL 34203 US	Mailing Address 3910 GOLF PARK LOOP SUITE #1 BRADENTON, FL 34203 US
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01202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1099434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CONIGLIO, SAMUEL M III
 3910 GOLF PARK LOOP
 SUITE #1
 BRADENTON, FL 34203

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000119103
 04/19/04-80087-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONIGLIO, SAMUEL M III 3910 GOLF PARK LOOP SUITE #1 BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OGLES, MARK R 10960 SR 70 EAST BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEHMAN, TIMOTHY P 9129 16TH AVENUE CIRCLE N.W. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel M. Coniglio, III *Samuel M. Coniglio, III* 4/16/04 941-351-2664
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #