


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000005846**  
 1. Entity Name  
 PERIDIA OFFICE PARK ASSOCIATION, INC.



Principal Place of Business      Mailing Address  
 3910 GOLF PARK LOOP      3910 GOLF PARK LOOP  
 SUITE #1      SUITE #1  
 BRADENTON, FL 34203 US      BRADENTON, FL 34203 US

**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number      Applied For  
 65-1099434      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. 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) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

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	

1101000434754  
 02/25/06-80015-004 61.25

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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 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, Director      2/16/06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #