


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90061 023 ****70.00

DOCUMENT # N00000005846

1. Entity Name
 PERIDIA OFFICE PARK ASSOCIATION, INC.



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



2. Principal Place of Business - No P.O. Box #
 9030 58th Drive East

3. Mailing Address
 9030 58th Dr E

Suite, Apt. #, etc.
 Suite 103

Suite, Apt. #, etc.
 Suite 103

03172007 Chg-NP CR2E037 (12/06)

City & State
 Bradenton FL

City & State
 Bradenton FL

Zip
 34202

Country
 USA

Zip
 34202

Country
 USA

4. FEI Number
 65-1099434

Applied For
 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

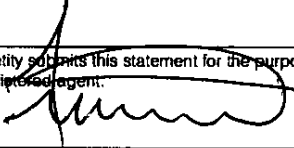
7. Name and Address of New Registered Agent

Name: Timothy P. Lehman

Street Address (P.O. Box Number is Not Acceptable)
 9129 16th Ave Cir NW

City: Bradenton FL Zip Code: 34209

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 registering)

DATE: 4/11/07

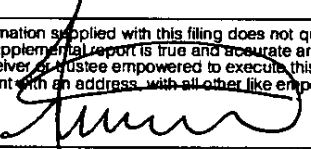
Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONIGLIO, SAMUEL M III 3910 GOLF PARK LOOP SUITE #1 BRADENTON, FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OGLES, MARK R 10960 SR 70 EAST BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEHMAN, TIMOTHY P 9129 16TH AVENUE CIRCLE N.W. BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

DATE: 4/11/07 941-795-7418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR