

**FILE NOW: FILING FEE IS \$61.25**

• NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N18727 (0)**

1. Corporation Name

**PERIDIA PATIO HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

PO BOX 20201  
BRADENTON FL 34203  
US

PO BOX 20201  
BRADENTON FL 34203  
US

3. Date Incorporated or Qualified  
**01/13/1987**

3a. Date of Last Report  
**04/12/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MCKEAN, PAUL L.  
3671 WEBBER ST., STE. B  
SARASOTA FL 34232**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	<b>FL</b>
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARMIDSON, JOE</b>	1.2 NAME	<b>William Disney</b>
STREET ADDRESS	<b>4939 E CLUBVIEW CT</b>	1.3 STREET ADDRESS	<b>4989 Clubview Court, E.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	1.4 CITY-ST-ZIP	<b>Bradenton, FL 34203-4076</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEDUC, LEO</b>	2.2 NAME	<b>Sidney Keyser</b>
STREET ADDRESS	<b>4962 E CLUBVIEW CT</b>	2.3 STREET ADDRESS	<b>4977 Clubview Court, E.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	2.4 CITY-ST-ZIP	<b>Bradenton, FL 34203-4076</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIANNI, JACK R</b>	3.2 NAME	<b>Judy Durkin</b>
STREET ADDRESS	<b>4978 CLUBVIEW CT., E</b>	3.3 STREET ADDRESS	<b>5042 Clubview Court, E.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	3.4 CITY-ST-ZIP	<b>Bradenton, FL 34203-4076</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUMBIER, EDGAR</b>	4.2 NAME	<b>Donald Angell</b>
STREET ADDRESS	<b>4950 CLUBVIEW CT., E</b>	4.3 STREET ADDRESS	<b>4990 Clubview Court, E.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	4.4 CITY-ST-ZIP	<b>Bradenton, FL 34203-4076</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARMIDSON, MARILYN</b>	5.2 NAME	<b>Herbert May</b>
STREET ADDRESS	<b>4939 CLUBVIEW COURT E</b>	5.3 STREET ADDRESS	<b>5038 Clubview Court, E.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	5.4 CITY-ST-ZIP	<b>Bradenton, FL 34203-4076</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Disney **William Disney** 4-22-96 (941) 751-2273  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)