

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 PO BOX 20201 BRADENTON FL 34203 US | Mailing Address PO BOX 20201 BRADENTON FL 34204-0201 US |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/13/1987 | 3a. Date of Last Report 04/25/1996 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country |
|---|--|

| | |
|--|--|
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**MCKEAN, PAUL L.
3871 WEBBER ST., STE. B
SARASOTA FL 34232**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DISNEY, WILLIAM | 1.2 NAME | D Kirsten Ullring |
| STREET ADDRESS | 4989 CLUBVIEW COURT, E | 1.3 STREET ADDRESS | 5025 Clubview Court, E. |
| CITY-ST-ZIP | BRADENTON FL | 1.4 CITY-ST-ZIP | Bradenton, FL 34203 |
| TITLE | T <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KEYSER, SIDNEY | 2.2 NAME | D Norbert Cieslak |
| STREET ADDRESS | 4977 CLUBVIEW COURT, E | 2.3 STREET ADDRESS | 4986 Clubview Court, E. |
| CITY-ST-ZIP | BRADENTON FL | 2.4 CITY-ST-ZIP | Bradenton, FL 34203 |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DURKIN, JUDY | 3.2 NAME | S Jane Krakowski |
| STREET ADDRESS | 5042 CLUBVIEW COURT, E | 3.3 STREET ADDRESS | 5022 Clubview Court, E. |
| CITY-ST-ZIP | BRADENTON FL | 3.4 CITY-ST-ZIP | Bradenton, FL 34203 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANGELL, DONALD | 4.2 NAME | |
| STREET ADDRESS | 4990 CLUBVIEW COURT, E | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAY, HERBERT | 5.2 NAME | |
| STREET ADDRESS | 5038 CLUBVIEW COURT, E | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL | 5.4 CITY-ST-ZIP | |
| 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 | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | D Kirsten Ullring |
| 1.3 STREET ADDRESS | 5025 Clubview Court, E. |
| 1.4 CITY-ST-ZIP | Bradenton, FL 34203 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | D Norbert Cieslak |
| 2.3 STREET ADDRESS | 4986 Clubview Court, E. |
| 2.4 CITY-ST-ZIP | Bradenton, FL 34203 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | S Jane Krakowski |
| 3.3 STREET ADDRESS | 5022 Clubview Court, E. |
| 3.4 CITY-ST-ZIP | Bradenton, FL 34203 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ (941) 4-11-97 751-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0081441

CR2E037 (9/96)