

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90067 014 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N18727**

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 34203  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/13/1987

4. FEI Number

NOT APPLICABLE

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TILYARD, ROBERT  
 4934 CLUB VIEW CT E  
 BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name **RAYMOND TOLLEY**  
 82 Street Address (P.O. Box Number is Not Acceptable) **5021 CLUBVIEW CT E**  
 83  
 84 City **BRADENTON** FL 85 Zip Code **34203**

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 RAYMOND A. TOLLEY Director *Raymond A. Tolley* 3/18/99  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	BALDINO, KATHLEEN	
STREET ADDRESS	4981 CLUBVIEW CT E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KEYSER, SYDNEY	
STREET ADDRESS	4977 CLUBVIEW COURT, E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKINNEY, DORIS	
STREET ADDRESS	4961 CLUBVIEW CT E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	
NAME	MCKINNEY, DORIS	
STREET ADDRESS	4961 CLUBVIEW CT E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	T	
NAME	MAY, HERBERT	
STREET ADDRESS	5038 CLUBVIEW COURT, E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CIESLAK, NORBERT	
STREET ADDRESS	4986 CLUBVIEW COURT E	
CITY-ST-ZIP	BRADENTON FL	

*Doris McKinney was on twice - just delete one entry - she is still a director*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RAYMOND TOLLEY	
1.3 STREET ADDRESS	5021 CLUBVIEW CT E	
1.4 CITY-ST-ZIP	BRADENTON, FL 34203	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN SPENCER	
2.3 STREET ADDRESS	4921 CLUBVIEW CT E	
2.4 CITY-ST-ZIP	BRADENTON, FL 34203	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOE ARVIDSON	
ADDRESS	4939 CLUBVIEW CT E	
-ZIP	BRADENTON, FL 34203	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JANE KRAKOWSKI	
4.3 STREET ADDRESS	5022 CLUBVIEW CT E	
4.4 CITY-ST-ZIP	BRADENTON, FL 34203	

14. I 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, with all other like empowered.

SIGNATURE: Katherine Baldino *Katherine Baldino* 3/18/99 (941) 756-5499  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/199)