

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90249 023 ****61.25

DOCUMENT # N18727

1. Entity Name

PERIDIA PATIO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 20201
 BRADENTON FL 34203
 US

PO BOX 20201
 BRADENTON FL 34204-0201
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI-Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOLLEY, RAYMOND
5021 CLUBVIEW CT E3
BRADENTON FL 34203

CHECK # 624 FROM.

Name

James Malzone

Street Address (P.O. Box Number is Not Acceptable)

4950 Clubview Court, E.

City

Bradenton

FL

Zip Code
34203

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.

SIGNATURE

James Malzone, President

4/10/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BALDINO, KATHLEEN	
STREET ADDRESS	4981 CLUBVIEW CT E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOLLEY, RAYMOND	
STREET ADDRESS	5021 CLUBVIEW CT E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SPENCER, JOHN	
STREET ADDRESS	4921 CLUBVIEW CT E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCKINNEY, DORIS	
STREET ADDRESS	4961 CLUBVIEW CT E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAY, HERBERT	
STREET ADDRESS	5038 CLUBVIEW COURT, E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARVIDSON, JOE	
STREET ADDRESS	4939 CLUBVIEW CT E	
CITY-ST-ZIP	BRADENTON FL 34203	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Malzone	
STREET ADDRESS	4950 Clubview Ct. E	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Domenic Baldino	
STREET ADDRESS	4981 Clubview Ct. E	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellie Disney	
STREET ADDRESS	4989 Clubview Ct. E.	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Midler	
STREET ADDRESS	5041 Clubview Ct. E	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. Mary Million	
STREET ADDRESS	4941 Clubview Ct. E	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pat Schuessler	
STREET ADDRESS	4966 Clubview Ct. E	
CITY-ST-ZIP	Bradenton, FL 34203	

12. 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 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

James Malzone, Pres. *4/10/00* *941 753 1698*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)