

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

0073686

**DOCUMENT # N18727**

04-17-2001 90157 015 \*\*\*\*61.25

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 34203  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MALZONE, JAMES**  
**4950 CLUBVIEW CT. E.**  
**BRADENTON FL 34203**

*04/14/01 PAID CHECK # 675 ADM.*

Name

**Jack Owens**

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

**4905 Clubview Ct. 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

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

**Jack Owens, President**

(NOTE: Registered Agent signature required when reinstating)

**4-13-01**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MALZONE, JAMES</b>	
STREET ADDRESS	<b>4950 CLUBVIEW CT.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BALDINO, DOMENIC</b>	
STREET ADDRESS	<b>4981 CLUBVIEW CT. E.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DISNEY, ELLIE</b>	
STREET ADDRESS	<b>5041 CLUBVIEW CT. E.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MIDLER, ROBERT</b>	
STREET ADDRESS	<b>5041 CLUBVIEW CT. E.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MAY, HERBERT</b>	
STREET ADDRESS	<b>5038 CLUBVIEW COURT, E</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MILLION, MARY A.</b>	
STREET ADDRESS	<b>4941 CLUBVIEW CT. E.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jack Owens</b>	
STREET ADDRESS	<b>4905 Clubview Ct. E</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34203</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Judy Cook</b>	
STREET ADDRESS	<b>4920 Clubview Ct. E</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34203</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Pat Schuessler</b>	
STREET ADDRESS	<b>4966 Clubview Ct. E</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34203</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>George Humbert</b>	
STREET ADDRESS	<b>4925 Clubview Ct. E</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34203</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jack Owens, President**

Date

Daytime Phone #

*4/13/01*  
**(941) 755-7092**

CR2E037 (10/00)