


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90149 012 ****61.25

DOCUMENT # N18727 1. Entity 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number <p style="text-align: center; font-weight: bold;">NO-T APPLICABLE</p>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CUNNINGHAM, RICHARD 4902 CLUBVIEW CT. E. BRADENTON FL 34203		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: CUNNINGHAM, RICHARD STREET ADDRESS: 4902 CLUBVIEW CT. E. CITY-ST-ZIP: BRADENTON FL 34203	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: COOK, JUDY STREET ADDRESS: 4920 CLUBVIEW CT E CITY-ST-ZIP: BRADENTON FL 34203	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: OWENS, JACK STREET ADDRESS: 4905 CLUBVIEW CT E CITY-ST-ZIP: BRADENTON FL 34203	<input type="checkbox"/> Delete	TITLE: <i>Secretary</i> NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VT NAME: MILLION, MARY STREET ADDRESS: 4941 CLUBVIEW CT E CITY-ST-ZIP: BRADENTON FL 34203	<input type="checkbox"/> Delete	TITLE: <i>Treasurer</i> NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KLUMB, GENE STREET ADDRESS: 5034 CLUBVIEW CT E CITY-ST-ZIP: BRADENTON FL 34203	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: REED, JIM STREET ADDRESS: 4913 CLUBVIEW CT E CITY-ST-ZIP: BRADENTON FL 34203	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: <i>Robert Midler</i> STREET ADDRESS: <i>5041 Clubview Ct E</i> CITY-ST-ZIP: <i>Bradenton, FL 34203</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Alba Million* 941-727-5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #