

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2009
Secretary of State**

DOCUMENT# N18727

Entity Name: PERIDIA PATIO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4902 CLUBVIEW CT. E.
BRADENTON, FL 34203 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 20201
BRADENTON, FL 34203 US

New Mailing Address:

FEI Number: 65-0911329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUNNINGHAM, RICHARD
4902 CLUBVIEW CT. E.
BRADENTON, FL 34203 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CUNNINGHAM, RICHARD
Address: 4902 CLUBVIEW CT. E.
City-St-Zip: BRADENTON, FL 34203

Title: D () Delete
Name: COOK, JUDY
Address: 4920 CLUBVIEW CT E
City-St-Zip: BRADENTON, FL 34203

Title: VP S () Delete
Name: OWENS, JACK
Address: 4905 CLUBVIEW CT E
City-St-Zip: BRADENTON, FL 34203

Title: T () Delete
Name: WEISSMAN, DAVID
Address: 5038 CLUBVIEW CT E
City-St-Zip: BRADENTON, FL 34203

Title: D () Delete
Name: REED, JIM
Address: 4913 CLUBVIEW CT E
City-St-Zip: BRADENTON, FL 34203

Title: D () Delete
Name: LACORTE, ELAINE
Address: 5049 CLUBVIEW CT E
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WEISSMAN

T

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date