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NONPROFIT CORPORATION ANNUAL REPORT 1999

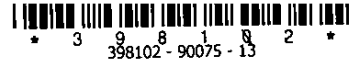


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N30307

1. Corporation Name

PERIDIA PATIO HOMEOWNERS 5 ASSOCIATION, INC.



Principal Place of Business

C/O MA-CON INC
 200 SO WASHINGTON BLVD #4
 SARASOTA FL 34236

Mailing Address

C/O MA-CON INC
 200 SO WASHINGTON BLVD #4
 SARASOTA FL 34236



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/23/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0171359

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEIL, WARREN
 C/O MA-CON INC.
 200 SO WASHINGTON BLVD #4
 SARASOTA FL 34236

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME REED, DON
 STREET ADDRESS 4106 MURFIELD DR E
 CITY-ST-ZIP BRADENTON FL

1.1 TITLE D Change Addition
 1.2 NAME DICK BENNETT
 1.3 STREET ADDRESS 4223 MURFIELD DR E.
 1.4 CITY-ST-ZIP BRADENTON, FL 34203

TITLE TD DELETE
 NAME SEGERMAN, CHERIE
 STREET ADDRESS 4041 MURFIELD DR E
 CITY-ST-ZIP BRADENTON FL 34203

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE SD DELETE
 NAME WHITEHURST, LORETTA
 STREET ADDRESS 4025 MURFIELD DR E
 CITY-ST-ZIP BRADENTON FL

3.1 TITLE SD Change Addition
 3.2 NAME CYNTHIA POLLOCK
 3.3 STREET ADDRESS 4102 MURFIELD DR E
 3.4 CITY-ST-ZIP BRADENTON, FL 34203

TITLE DVP DELETE
 NAME CROSS, GEORGE
 STREET ADDRESS 4226 MURFIELD DR E
 CITY-ST-ZIP BRADENTON FL

4.1 TITLE PD Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D DELETE
 NAME BROWN, RUSSELL
 STREET ADDRESS 4024 MURFIELD DR E
 CITY-ST-ZIP BRADENTON FL 34203

5.1 TITLE VPD Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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: SIGNATURE REQUIRED

4/20/99 (941) 366-8780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)