

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30306 (7)
1. Corporation Name
PERIDIA PATIO HOMEOWNERS 6 ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O MACON INC.
200 S. WASHINGTON BLVD. #4
SARASOTA FL 34236

3. Date Incorporated or Qualified **01/23/1989** 3a. Date of Last Report **04/27/1995**
4. FEI Number **65-0320210** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

WEIL, WARREN
200 S. WASHINGTON BLVD. #4
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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

| | | |
|----------------|-------------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BROOKS, JOANNE F | |
| STREET ADDRESS | 4831 RAINTREE ST CIR E. | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | BELL, DOROTHY A | |
| STREET ADDRESS | 4815 RAINTREE ST CIRCLE EAST | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DOXTATER, MERLIN | |
| STREET ADDRESS | 4406 MURFIELD DR EAST | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | COMEAU, MARILYN | |
| STREET ADDRESS | 4850 RAINTREE CIR E. | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | DUFRESNE, ROBERT | |
| STREET ADDRESS | 4426 MURFIELD DR EAST | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | WOOD, RON | |
| STREET ADDRESS | 4203 RAINTREE ST. CIR | |
| CITY-ST-ZIP | BRADENTON FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Richard Lovelace | |
| 1.3 STREET ADDRESS | 4822 Raintree St. Cir. E. | |
| 1.4 CITY-ST-ZIP | Bradenton, Fl. 34203 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Kenneth Duncan | |
| 2.3 STREET ADDRESS | 4423 Murfield Dr. E. | |
| 2.4 CITY-ST-ZIP | Bradenton, Fl. 34203 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Wm. Domermuth | |
| 3.3 STREET ADDRESS | 4842 Raintree St. Cir.E. | |
| 3.4 CITY-ST-ZIP | Bradenton, Fl. 34203 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Louis Comeau | |
| 4.3 STREET ADDRESS | 4850 Raintree St. Cir. E. | |
| 4.4 CITY-ST-ZIP | Bradenton, Fl. 34203 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Richard Lovelace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (941) 366-8480
Date Daytime Phone #

CR2E037 (12/95)