


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30306** (7)
1. Corporation Name
PERIDIA PATIO HOMEOWNERS 6 ASSOCIATION, INC.



Principal Place of Business C/O MACON INC. 200 S. WASHINGTON BLVD. #4 SARASOTA FL 34236	Mailing Address C/O MACON INC. 200 S. WASHINGTON BLVD. #4 SARASOTA FL 34236
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3. Date Incorporated or Qualified 01/23/1989	
4. FEI Number 65-0320210	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent WEIL, WARREN 200 S. WASHINGTON BLVD. #4 SARASOTA FL 34236	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSHING, ROBERT	1.2 NAME	DONALD WOODS
STREET ADDRESS	4871 NATURAL ST CIR EAST	1.3 STREET ADDRESS	4703 RAINTREE ST. CIRCLE E.
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVINA, ANTHONY	2.2 NAME	DOROTHY BELL
STREET ADDRESS	4743 RAINTREE ST CIR E.	2.3 STREET ADDRESS	4815 RAINTREE ST. CIRCLE E.
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMERMUTH, WM	3.2 NAME	
STREET ADDRESS	4842 RAINTREE ST CIR E	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYE, GEORGE	4.2 NAME	LOIS FISCHER
STREET ADDRESS	4724 RAINTREE ST CIR E	4.3 STREET ADDRESS	4822 RAINTREE ST. CIRCLE E.
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFRESNE, ROBERT	5.2 NAME	RICHARD DAY
STREET ADDRESS	4426 MURFIELD DR EAST	5.3 STREET ADDRESS	4839 RAINTREE ST. CIRCLE
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Godek <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODEK MAX	6.2 NAME	
STREET ADDRESS	4758 RAINTREE ST CIR EAST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	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.

SIGNATURE _____

CR2E037 (10/97)