Applied For

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NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N30306

1. Corporation Name

PERIDIA PATIO HOMEOWNERS 6 ASSOCIATION, INC.

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

2. Principal Place of Business

Cuito Ast # sts

Mailing Address

2a. Mailing Address

Suite Ant # etc

26

C/O MACON INC. 200 S. WASHINGTON BLVD. #4 SARASOTA FL 34236

FILED Apr 29, 1999 8:00 am § Secretary of State

04-29-1999 90254 014 ****61.25

* 4 5 1051 - 90254 - 14 1 *

3. Date incorporated or Qualifed

01/23/1989

4. FFI Number



City & State City & State	Suite, Apt.	#, etc.	27				65-0320210			Not Applicable		
Second Process Seco												
Zip	23					5. Certifcate of Status Desired				* - · · ·		
9. Name and Address of Current Registered Agent WEIL, WARREN 20 S. WASHINGTON BLVD. #4 SARAS-DTA FL 34236 11. Name 82 Street Aiddress (P.O. Bo: Number is Not Acceptable) 83 Street Aiddress (P.O. Bo: Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuint to the provisions of 7,0507 and 617,1508, Florids Statities, the above-named ciriporation submits this statement for the purpose of changing its registered agent. I am finallier with, and a coept the obligations of Section 817,0503, Florids Statities, and authorized by the corporation's board of Jirectors. I hereby accept the appointment as registered agent. I am finallier with, and a coept the obligation of Section 817,0503, Florids Statities. SIGNATUFE 89 WOOD\$, D 90 DELETE 12 JANAS 13 STREET ADDRESS 43 STREET ADDRESS 43 STREET ADDRESS 44 CTV-St-Zip 84 City FL 85 Zip Code 11. Pursuint to the provisions of 7,0507 and 617,1508, Florids Statities, the above-named ciriporation submits this statement for the purpose of changing its registered agent. I am finallier with, and a coept the obligation of Section 81,0503, Florids Statities. SIGNATUFE 89 WOOD\$, D 90 DELETE 12 JANAS 13 STREET ADDRESS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14 Time 15 JANAS 15		Country		Count	ry		6. Election C	ampaign Financing		\$5.00	vlay Be	
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WEIL, WARREN 200 S. WASHINGTON BLVD. #4 SARASOTA FL 34236 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statules, the above-named curporation submits this statement for the purpose of changing its registered office or registered agent. an except the obligation sor, deceined for 15090, Fronds Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE PD WOOD\$, D STREETADORSS AND STREETADORSS IN 13. STREETADORSS BRADENTON FL 34203 THE STREETADORSS TO OBJECT STREETADORSS PRADENTON FL 34203 THE STD WARE STREETADORSS TO OBJECT STREETADORSS PRADENTON FL 34203 **STREETADORSS PRADENTON FL 34203 **		9. Name and Address of Current I	Registered Agent				10. Name and	Address of New F	tegistered	Agent		
200 S. WASHINGTON BLVD. #4 SARASOTA FL 34236 83 44 City FL 85 Zip Code 11. Pursuint to the provisions of Suctions 617.050/, and 617.1508, Florida Statutes, the above-named curporation 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 PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12NAME WOOD\$, D STEETADORSS AND DIRECTORS IN 12 12NAME WOOD\$, D STEETADORSS AND DIRECTORS IN 12 12NAME WOOD\$, D STEETADORSS AND DIRECTORS IN 12 12NAME 14CITY-ST-2P TITLE VPD DELETE 21TITLE VPD Addition Additio				8	1 1	Name						
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Interest certain the information supplied with this limit does not qualify for the exemption stated in Section 19.0 (5)(f), Frontal statutes. Finding does not qualify for the exemption stated in Section 19.0 (5)(f), Frontal statutes. Finding that the information indicated on this 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 op an appearment with an address, with it other like empowered.

SIGNATURE: