

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

DOCUMENT # N30306

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

451051 - 90254 - 14



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/23/1989

4. FEI Number

65-0320210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 PD
NAME WOOD, D
STREET ADDRESS 4703 RAINTREE ST, CIR 3
CITY-ST-ZIP BRADENTON FL 34203 ☐ DELETE

TITLE VPD
NAME BELL, D
STREET ADDRESS 4815 RAINTREE ST CIR E
CITY-ST-ZIP BRADENTON FL 34203 ☐ DELETE

TITLE STD
NAME DOMERMUTH, WM
STREET ADDRESS 4842 RAINTREE ST CIR E
CITY-ST-ZIP BRADENTON FL ☒ DELETE

TITLE TD
NAME FISCHER, L
STREET ADDRESS 4822 REINTREE ST CIR
CITY-ST-ZIP BRADENTON FL 34203 ☐ DELETE

TITLE D
NAME DAY, R
STREET ADDRESS 4839 RAINTREE ST CIRCLE
CITY-ST-ZIP BRADENTON FL 34203 ☒ DELETE

TITLE D
NAME GODEK
STREET ADDRESS 4758 RAINTREE ST CIR EAST
CITY-ST-ZIP BRADENTON FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE SD
3.2 NAME MASLANKA, EILEEN
3.3 STREET ADDRESS 4739 RAINTREE ST CIR E,
3.4 CITY-ST-ZIP BRADENTON, FL 34203 ☐ Change ☒ Addition

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

5.1 TITLE D
5.2 NAME FORTUNE, DONALD
5.3 STREET ADDRESS 4411 MURFIELD DR. E.
5.4 CITY-ST-ZIP BRADENTON, FL 34203 ☐ Change ☒ Addition

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

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:

W. Donald Fortune
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)