

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30307

1. Entity 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 34236-6957

2. Principal Place of Business

MA-CON, INC.
2198 Princeton St., #20
Sarasota, FL 34237

3. Mailing Address

MA-CON, INC.
2198 Princeton St., #20
Sarasota, FL 34237

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90298 010 ****61.25

644791



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0171359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *Warren Weil*
MA-CON, INC.
2198 Princeton St., #20
Sarasota, FL 34237

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered

office.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	✓ D	<input type="checkbox"/> Delete
NAME	BENNETT, DICK	
STREET ADDRESS	4223 MURFIELD DR E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	✓ SEGERMAN, CHERIE	
STREET ADDRESS	4041 MURFIELD DR E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	SD	<input type="checkbox"/> Delete
NAME	✓ POLLOCK, CYNTHIA	
STREET ADDRESS	4102 MURFIELD DR E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	✓ CROSS, GEORGE	
STREET ADDRESS	4226 MURFIELD DR E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	✓ BROWN, RUSSELL	
STREET ADDRESS	4024 MURFIELD DR E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHACEY, DAVID	
STREET ADDRESS	4211 MURFIELD DR E	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, LOUISE	
STREET ADDRESS	4315 MURFIELD DR E	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADDOCCIA, REYNOLD	
STREET ADDRESS	4037 MURFIELD DR E	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2000 (941) 366-8480

Date

Daytime Phone #

CR2E037 (9/99)