

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90035 003 ****61.25

DOCUMENT # N30306

1. Entity Name

PERIDIA PATIO HOMEOWNERS 6 ASSOCIATION, INC.



Principal Place of Business

2198 PRINCETON STREET
SUITE 20
SARASOTA FL 34237

Mailing Address

2198 PRINCETON STREET
SUITE 20
SARASOTA FL 34237

50026599



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0320210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEIL, WARREN
2198 PRINCETON STREET
SUITE 20
SARASOTA FL 34237

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHOOLEY, ARTHUR	
STREET ADDRESS	4855 RAINTREE CIRCLE E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DOMERMUTH, DELORES	
STREET ADDRESS	4842 RAINTREE CIRCLE E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KRATZMILLER, JOANN	
STREET ADDRESS	4807 RAINTREE CIRCLE E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORTUNE, DONALD	
STREET ADDRESS	4411 MURFIELD DR E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCRAE, JULIA	
STREET ADDRESS	4826 RAINTREE CIRCLE E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRITE, SUSAN	
STREET ADDRESS	4822 RAINTREE CIRCLE E	
CITY-ST-ZIP	BRADENTON FL 34203	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASLANKA, EILEEN	
STREET ADDRESS	4739 RAINTREE ST. CIR. EAST	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORD, MARY JO	
STREET ADDRESS	4834 RAINTREE ST. CIR. EAST	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNEIDER, E. PETER	
STREET ADDRESS	4747 RAINTREE ST. CIR. EAST	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, LARRY	
STREET ADDRESS	4819 RAINTREE ST. CIR. EAST	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLM, REGGIE	
STREET ADDRESS	4731 RAINTREE ST. CIR. EAST	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4822 RAINTREE ST. CIR. EAST	
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:

Eileen Maslanka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EILEEN MASLANKA PD

3-10-05

941-366-8480

Date

Daytime Phone #