


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90071 009 \*\*\*\*61.25

<b>DOCUMENT # N30306</b>	
1. Entity Name <b>PERIDIA PATIO HOMEOWNERS 6 ASSOCIATION, INC.</b>	

Principal Place of Business <b>2198 PRINCETON STREET SUITE 20 SARASOTA FL 34237</b>	Mailing Address <b>2198 PRINCETON STREET SUITE 20 SARASOTA FL 34237</b>
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2. Principal Place of Business <b>4920 Fruitville Road</b> Suite, Apt. #, etc.	3. Mailing Address <b>4920 Fruitville Road</b> Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State <b>Sarasota, Fl</b>	City & State <b>Sarasota, Fl</b>	4. FEI Number <b>65-0320210</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34232</b>	Country <b>Sarasota</b>	Zip <b>34232</b>	Country <b>Sarasota</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>WEIL, WARREN 2198 PRINCETON STREET SUITE 20 SARASOTA FL 34237</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4920 Fruitville Road</b> City <b>Sarasota</b> FL Zip Code <b>34232</b>	
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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 <i>Charles Weil</i> <b>WARREN WEIL</b>	DATE <b>4/10/06</b>

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MASLANKA, EILEEN 4739 RAINTREE CT EAST BRADENTON FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Murray, Leonard 4850 Raintree St. Cir. East Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GORD, MARYJO 4834 RAINTREE ST CIR EAST BRADENTON FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Overton, Debra 4731 Raintree St. Cir. East Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHNEIDER, E PETER 4747 RAINTREE ST CIR EAST BRADENTON FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORTUNE, DONALD 4411 MURFIELD DR E BRADENTON FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Penick, Carolyn 4763 Raintree St. Cir. East Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFIN, LARRY 4819 RAINTREE ST CIR EAST BRADENTON FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lieving, David 4719 Raintree St. Cir. East Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BRITE, SUSAN 4822 RAINTREE CIRCLE E BRADENTON FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Dearstyne, William 4743 Raintree St. Cir. East Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.	
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SIGNATURE: <i>Leonard Murray</i> <b>LEONARD MURRAY</b>	DATE: <b>4/11/06</b> (941) 343-1062
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