



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90180 012 \*\*\*\*61.25

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # N30307</b><br>1. Entity Name<br><b>PERIDIA PATIO HOMEOWNERS 5 ASSOCIATION, INC.</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>4920 FRUITVILLE RD<br/>SARASOTA, FL 34232</b>  |  |  | Mailing Address<br><b>4920 FRUITVILLE RD<br/>SARASOTA, FL 34232</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |   |  |  |
| City & State   |  | City & State   |   | 01182008    Chg-NP    CR2E037 (12/06)  |  |
| Zip  |  | Country  |   | 4. FEI Number<br><b>65-0171359</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>  |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WEIL, WARREN<br/>4920 FRUITVILLE RD<br/>SARASOTA, FL 34232</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</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>  |  |  |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>RUBIN, JERRY<br>4203 MURFIELD DR E<br>BRADENTON, FL 34203                | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TD<br>WALLEY, CLARK<br>4028 MURFIELD DRIVE EAST<br>BRADENTON, FL 34203             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VPD<br>GAINER, GENE<br>4052 MURFIELD DRIVE EAST<br>BRADENTON, FL 34203         | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD<br>DAILY, JEAN<br>4045 MURFIELD DR EAST<br>BRADENTON, FL 34203              | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SD<br>MEDEMA, DONNA<br>4122 MURFIELD DRIVE EAST<br>BRADENTON, FL 34203             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>GALLEY-LEENING, EILEEN<br>4303 MURFIELD DRIVE EAST<br>BRADENTON, FL 34203 | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TD<br>DUELL, ALBERT<br>4025 MURFIELD DR EAST<br>BRADENTON, FL 34203            | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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. |  |  |   |  |  |
| <b>SIGNATURE</b> <i>Gene Gainer</i> <b>Gene Gainer</b>   |  |  | Date <b>4/9/08</b> Daytime Phone # <b>(941) 343-1002</b>  |  |  |