

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30306

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** PERIDIA PATIO HOMEOWNERS 6 ASSOCIATION, INC.

**Current Principal Place of Business:**

4920 FRUITVILLE RD  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

4920 FRUITVILLE RD  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 65-0320210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEIL, WARREN  
4920 FRUITVILLE RD  
SARASOTA, FL 34232 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: KRATZMILLER, JOANN  
Address: 4807 RAINTREE ST CIR EAST  
City-St-Zip: BRADENTON, FL 34203

Title: D (X) Delete  
Name: WILSON, RANDEL  
Address: 4742 RAINTREE ST CIR EAST  
City-St-Zip: BRADENTON, FL 34203

Title: PD ( ) Delete  
Name: SCHNEIDER, E PETER  
Address: 4747 RAINTREE ST CIR EAST  
City-St-Zip: BRADENTON, FL 34203

Title: D ( ) Delete  
Name: STRACK, DAVID  
Address: 4859 RAINTREE ST CIR EAST  
City-St-Zip: BRADENTON, FL 34203

Title: VD ( ) Delete  
Name: GRIFFIN, MARTI  
Address: 4819 RAINTREE ST CIR EAST  
City-St-Zip: BRADENTON, FL 34203

Title: SD ( ) Delete  
Name: DEARSTYNE, WILLIAM  
Address: 4743 RAINTREE ST. CIR. E.  
City-St-Zip: BRADENTON, FL 34203

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN KRATZMILLER

TD

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date