## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18727

Entity Name: PERIDIA PATIO HOMEOWNERS ASSOCIATION, INC.

FILED
May 30, 2024
Secretary of State
2715922405CC

## **Current Principal Place of Business:**

C/O GULF COAST COMMUNITY MANAGEMENT 2201 CANTU CT SUITE 106 SARASOTA, FL 34232

## **Current Mailing Address:**

C/O GULF COAST COMMUNITY MANAGEMENT 2201 CANTU CT SUITE 106 SARASOTA, FL 34232 US

FEI Number: 65-0913291 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GULF COAST COMMUNITY MANAGEMENT 2201 CANTU CT. SUITE 106 SARASOTA, FL 34232 US

**DIRECTOR** 

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: WILLIAM ASHBY 05/30/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title

Title TREASURER Title PRESIDENT

Name FROHNE, THOMAS Name MALONEY, MICHAEL

Address C/O GULF COAST COMMUNITY Address C/O GULF COAST COMMUNITY

MANAGEMENT MANAGEMENT

2201 CANTU CT SUITE 106 2201 CANTU CT SUITE 106

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

Title SECRETARY Title VP

Name RESTUCCIA, JACK Name BOSLEY, RANDY

Address C/O GULF COAST COMMUNITY Address C/O GULF COAST COMMUNITY

MANAGEMENT
2201 CANTU CT SUITE 106

MANAGEMENT
2201 CANTU CT SUITE 106

2201 CANTU CT SUITE 106

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

Name HANDY, WILLIAM Name ASHBY, WILLIAM

Address C/O GULF COAST COMMUNITY Address C/O GULF COAST COMMUNITY

MANAGEMENT MANAGEMENT

2201 CANTU CT SUITE 106 2201 CANTU CT SUITE 106

Title

ASST. SECRETARY

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM ASHBY ASST. SECRETARY 05/30/2024