


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90017 006 \*\*\*\*61.25

<b>DOCUMENT # N16374</b> 1. Entity Name PERIDIA PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 4950 PERIDIA BLVD., EAST BRADENTON, FL 34203 US			Mailing Address 4950 PERIDIA BLVD., EAST BRADENTON, FL 34203 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2737043</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  FORTUNE, DONALD D 4950 PERIDIA BLVD E BRADENTON, FL 34203				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 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 NAME STREET ADDRESS CITY-ST-ZIP	TD DUDLEY, BARBARA 4729 PERIDIA BLVD BRADENTON, FL 34203	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, D DAVE HAUCK 4950 PERIDIA BLVD E Bradenton, FL 34203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVELACE, RICHARD 5096 KILTY COURT E BRADENTON, FL 34203	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Don Reed 4950 Peridia BLVD E Bradenton FL 34203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, LOUIS 5068 KILTY COURT BRADENTON, FL 34203	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAY NISSEN 4950 Peridia BLVD E Bradenton FL 34203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORTUNE, DONALD D 4411 MURFIELD DR E BRADENTON, FL 34203	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NANCY GAINER 4950 PERIDIA BLVD E Bradenton FL 34203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NISSEN, KAY 4950 PERIDIA BLVD BRADENTON, FL 34203	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, DONALD 4106 MURFIELD DRIVE BRADENTON, FL 34203	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

**40099445**



04172008 Chg-NP CR2E037 (12/06)