


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90022 041 ****61.25

DOCUMENT # N18725 1. Entity Name PERIDIA HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business	Mailing Address
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07182005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0264903	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEDKIN, LORETTA M 5102 WEDGE CT E BRADENTON, FL 34203	7. Name and Address of New Registered Agent Name <u>WILSON, BARBARA S.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4379 PRESIDENTIAL AVE CIRCLE EAST</u> <u>BRADENTON</u> City <u>FL</u> Zip Code <u>34203</u>
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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: <u>Barbara S. Wilson</u> DATE: <u>7/18/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when reinstating.</small>

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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 PIERCE, GORMAN 4110 PRO AM AVE E BRADENTON, FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMBROSE, SHIRLEY 4363 PRESIDENTIAL AVE CIRCLE EAST BRADENTON FL 34203 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HASKINS, LEROY 4236 PRO AM AVE E BRADENTON, FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERRAZZANO, JOHN 4033 PRO AM BLVD PRO AM BLVD BRADENTON FL 34203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SADKIN, LORETTA 5102 WEDGE CT E BRADENTON, FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, BARBARA 4379 PRESIDENTIAL AVE CIRCLE EAST BRADENTON FL 34203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, CAROL 4245 PRESIDENTIAL AVE CIR E BRADENTON, FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FARMER, LAVERNE 4822 PERIDIA BLVD EAST BRADENTON FL 34203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARCD CASE, JO 4350 PRESIDENTIAL AVE CIR E BRADENTON, FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARCD CRAIG, WILLIAM 4222 AUGUSTA TERRACE EAST BRADENTON FL 34203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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.
SIGNATURE: <u>Barbara S. Wilson</u> <u>BARBARA S. WILSON</u> <u>TD</u> DATE: <u>7/18/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>