

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90001 017 \*\*\*\*61.25

**DOCUMENT # N18725**

1. Entity Name  
**PERIDIA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**5120 WEDGE CT E  
BRADENTON, FL 34203 US**

Mailing Address  
**P.O. BOX 20127  
BRADENTON, FL 34203 US**

**50026434**



2. Principal Place of Business

3. Mailing Address

**P.O. BOX 20127**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132006

Chg-NP

CR2E037 (4/06)

City & State

City & State  
**BRADENTON, FL**

4. FEI Number  
**65-0264903**

Applied For  
Not Applicable

Zip

Country

Zip

**34203**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, BARBARA S  
4379 PRESIDENTIAL AVE CIRCLE EAST  
BRADENTON, FL 34203**

7. Name and Address of New Registered Agent

Name **Barbara A. Wendrich**  
Street Address (P.O. Box Number is Not Acceptable)  
**4834 Kilty Ct East**  
City **Bradenton** **FL** Zip Code **34203**

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 **Barbara A. Wendrich**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**08/23/06**

DATE

**Filing Fee is \$61.25  
Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **AMBROSE, SHIRLEY**  
STREET ADDRESS **4363 PRESIDENTIAL AVE CIRCLE EAST**  
CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE **VPD** ☒ Delete  
NAME **FERRAZZANO, JOHN**  
STREET ADDRESS **4033 PRON AM BLVD.**  
CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE **TD** ☐ Delete  
NAME **WILSON, BARBARA**  
STREET ADDRESS **4379 PRESIDENTIAL AVE CIR EAST**  
CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE **SD** ☐ Delete  
NAME **FARMER, LAVERNE**  
STREET ADDRESS **4822 PERIDIA BLVD. EAST**  
CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE **ARCD** ☐ Delete  
NAME **CRAIG, WILLIAM**  
STREET ADDRESS **4222 AUGUSTA TERRACE EAST**  
CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **GAGNON, RONALD**  
STREET ADDRESS **4232 PRO AM AVENUE EAST**  
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **ANDREWS, NANCY**  
STREET ADDRESS **4902 KILTY CT EAST**  
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE **TD** ☐ Change ☐ Addition  
NAME **Barbara Wendrich**  
STREET ADDRESS **4834 Kilty Ct**  
CITY-ST-ZIP **Bradenton FL 34203**

TITLE **SAME** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SAME** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE **Barbara A. Wendrich**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/23/06**

DATE

**727-0154**

DAYTIME PHONE #