2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N30306

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