

# FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 728861 (6)**  
1. Corporation Name  
**PEPPERTREE LAKE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **C/O 10033 - 9TH ST. N. 2ND FLOOR ST. PETERSBURG FL 33716 US**  
Mailing Address: **C/O 10033 - 9TH ST. N. 2ND FLOOR ST. PETERSBURG FL 33716 US**

3. Date Incorporated or Qualified: **02/18/1974**      3a. Date of Last Report: **04/24/1995**  
4. FEI Number: **59-2025931**      Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**  
**SMITH, BRIAN K**  
**10033 - 9TH ST., N.**  
**2ND FLOOR**  
**ST. PETERSBURG FL 33716**

**10. Name and Address of New Registered Agent**  
**81** Name: \_\_\_\_\_  
**82** Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
**83** \_\_\_\_\_  
**84** City: **FL** **85** Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD C <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDOZA, FRANK	1.2 NAME	CARDOZA, FRANK
STREET ADDRESS	722 116TH ST. #1907	1.3 STREET ADDRESS	10033 9TH ST. N.
CITY-ST-ZIP	ST. PETE FL	1.4 CITY-ST-ZIP	ST. PETE, FL 33716
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, WILLIAM	2.2 NAME	WRIGHT, WILLIAM
STREET ADDRESS	744 116TH AVE N. UNIT 1908	2.3 STREET ADDRESS	10033 9TH ST. N.
CITY-ST-ZIP	ST. PETE FL	2.4 CITY-ST-ZIP	ST. PETE, FL 33716
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPKINS, D.H.	3.2 NAME	KLICHER, ROONEY
STREET ADDRESS	11585 7TH LANE N, #1603	3.3 STREET ADDRESS	10033 9TH ST. N.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	ST. PETE, FL 33716
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLER, EVELYN	4.2 NAME	BLACKBURN, LISA
STREET ADDRESS	744 116TH AVE N #1905	4.3 STREET ADDRESS	10033 9TH ST. N.
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	ST. PETE, FL 33716
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODBURY, HOWARD	5.2 NAME	MCLAURIN, PATTI
STREET ADDRESS	5211 BLANE DR.	5.3 STREET ADDRESS	10033 9TH ST. N.
CITY-ST-ZIP	TEMPLE TERRACE FL	5.4 CITY-ST-ZIP	ST. PETE, FL, 33716
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNNICUTT, SHIRLEY	6.2 NAME	CASS, DEORA
STREET ADDRESS	731 - 115TH AVE., N., #1705	6.3 STREET ADDRESS	10033 9TH ST. N.
CITY-ST-ZIP	ST. PETE FL	6.4 CITY-ST-ZIP	ST. PETE, FL, 33716

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **2/16/96** Daytime Phone #: **577 2200**

CR2E037 (12/95)