FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

728861

(6)

FILED May 20 1997 8:00am Secretary of State



PEPPERTREE LAKE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business Mailing Address					-		1/8 0/0/4 F/2/1 1/0/1 1/0/1 0/0/4 0/0/1 1/0/1			
C/O 10033 - 9TH ST. N. 2ND FLOOR ST. PETERSBURG FL 33716			2ND FLOOR	C/O 10033 - 9TH ST. N. 2ND FLOOR ST. PETERSBURG FL 33716						
US		_	U\$	ono (L will)			3. Date incorporated or Qualified 02/18/1974	3a. Date of Last Report 03/04/1996		
Principal Place of Business Total			2a. Mailing A	2a. Mailing Address			4. FEI Number 59-2025931	Applied For Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			28	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24		Country 25	Zip 29	30	Country			Yes No		
9. Name and Address of Current Registered Agent							10. Name and Address of New Re	gistered Agent		
				81	Name					
	smith, brian K 10033 - 9th St.,	N.			62	Street Add	ess (P.O. Box Number is Not Acceptable)			
2ND FLOOR ST. PETERSBURG FL 33716				63						
				84	City		FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.0502, 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.										
SIGN	ATURE Signature, type	d or printed name of registered age	ent and tille if applicable.	(NOTE: Re	gistered Ane	nt signature regi	uired when reinstating)	DAYE		
12.										
TITLE	P			DELETE	1.1 TITLE	·····		Change Addition		

SIGNATURE						
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE R	egistered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	RS IN 12
TITLE	P	DELETE	1.1 TITLE	P	☐ Change	☐ Addition
NAME	CARDOZA, FRANK		1.2 NAME	Cardoza, Frank		
STREET ADDRESS	10033 9TH ST N		1.3 STREET ADDRESS	Cardoza, Frank 10033 9th Street Non St. Petersburg, Flor	th.	
CITY-ST-ZIP	ST. PETE FL		1.4 CITY - ST - ZIP	bc. receisburg, rior	Lua	
TITLE	D	DELETE	2.1 TITLE	Wright William	Change	☐ Addition
NAME	WRIGHT, WILLIAM		2.2 NAME	Wright William 10033 9th Street Nor St. Petersburg, Flor	th '	
STREET ADDRESS	10033 9TH ST N		2.3 STREET ADDRESS	St. Petersburg, Flor	laa	
CITY-ST-ZIP	ST. PETE FL		2. 4 CITY-ST-ZIP			
TITLE	VP E	DELETE	3.1 TITLE	Woodhuru Uoward	☐ Change	Addition
NAME	FLICKER, RODNEY		3.2 NAME	Woodbury, Howard 10033 9th Street Nor	th	
STREET ADDRESS	10033 9TH ST N		3.3 STREET ADDRESS	St. Petersburg, Flor	ida	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CITY-ST-ZIP			
TITLE	ST	DELETE	4.1 TITLE	Sise, Cherri 10033 9th Street Nor	Change	Addition
NAME	BLACKBURN, LISA		4. 2 NAME	Wise, Cherri 10033 9th Street Nor	th	
STREET ADDRESS	10033 9TH ST N		4.3 STREET ADDRESS	St. Petersburg, Flor	ida	
CITY - ST - ZIP	ST PETERSBURG FL		4.4 CITY - ST - ZIP			
TITLE	D	DELETE	5.1 TITLE	D	Change	Addition
NAME	MCLAURIN, PATTI		5.2 NAME	Axler, Barry 10033 9th Street Nor		
STREET ADDRESS	10033 9TH ST N		5.3 STREET ADDRESS	10033 9th Street Nor	ţţ	
CITY-S1-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP	St. Petersburg, Flor	'1da	
TITLE	D	DELETE	6.1 TITLE	D	☐ Change	Addition
NAME	CASS, DEBRA		6.2 NAME	Keller, Evelyn		
STREET ADDRESS	10033 9TH ST N		6.3 STREET ADDRESS	10033 9th Street Nor St. Petersburg, Flor	th	
	AT NETE EI			ibe. recerbourd. Flor	TON	

14. I do 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 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:

SIGNALLEROIE COLUMN .

4/24/97

2E037 (9/96)

PLEASE ADD

T Joyce Smith 10033 9th Street North St. Petersburg, Florida

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