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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90014 036 \*\*\*\*61.25

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DOCUMENT # 728861

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

02/18/1974

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME ~~CARDOZA, FRANK~~  
STREET ADDRESS 10033 9TH ST N  
CITY-ST-ZIP ST. PETE FL

☒ DELETE

TITLE ~~D~~  
NAME ~~WRIGHT, WILLIAM~~  
STREET ADDRESS 10033 9TH ST N  
CITY-ST-ZIP ST. PETE FL

☒ DELETE

TITLE ~~VP~~  
NAME ~~WOODBURY, HOWARD~~  
STREET ADDRESS 10033 9TH ST N  
CITY-ST-ZIP ST. PETERSBURG FL

☒ DELETE

TITLE ~~S~~  
NAME ~~WISE, CHERRI~~  
STREET ADDRESS 10033 9TH ST N  
CITY-ST-ZIP ST PETERSBURG FL

☒ DELETE

TITLE ~~D~~  
NAME ~~AXLER, BARRY~~  
STREET ADDRESS 10033 9TH ST N  
CITY-ST-ZIP ST PETERSBURG FL

☒ DELETE

TITLE ~~D~~  
NAME ~~KELLER, EVELYN~~  
STREET ADDRESS 10033 9TH ST N  
CITY-ST-ZIP ST. PETE FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME Vlado, Marcia  
1.3 STREET ADDRESS 10033 9th Street North 2nd Floor  
1.4 CITY-ST-ZIP St. Petersburg, FL. 33716

☐ Change ☒ Addition

2.1 TITLE VP  
2.2 NAME Dutcher, Sheri  
2.3 STREET ADDRESS 10033 9th Street North 2nd Floor  
2.4 CITY-ST-ZIP St. Petersburg, FL 33716

☐ Change ☒ Addition

3.1 TITLE S  
3.2 NAME McLaurin, Patti  
3.3 STREET ADDRESS 10033 9th Street North 2nd Floor  
3.4 CITY-ST-ZIP St. Petersburg, FL 33716

☐ Change ☒ Addition

4.1 TITLE T  
4.2 NAME Inebnit, Andy  
4.3 STREET ADDRESS 10033 9th Street North 2nd Floor  
4.4 CITY-ST-ZIP St. Petersburg, FL 33716

☐ Change ☒ Addition

5.1 TITLE D  
5.2 NAME Harris, Robert  
5.3 STREET ADDRESS 10033 9th Street North 2nd Floor  
5.4 CITY-ST-ZIP St. Petersburg, FL 33716

☐ Change ☒ Addition

6.1 TITLE D  
6.2 NAME Kennedy, Kevin  
6.3 STREET ADDRESS 10033 9th Street North 2nd Floor  
6.4 CITY-ST-ZIP St. Petersburg, FL 33716

☐ Change ☒ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)