


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90276 003 \*\*\*\*61.25

<b>DOCUMENT # 745149</b> 1. Entity Name VILLAGE OF PEPPERTREE ASSOCIATION, INC.					
Principal Place of Business PRIME MANAGEMENT GROUP 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487			Mailing Address PRIME MANAGEMENT GROUP 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1894221	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWATT, MYRON C/O PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487				Name <u>Charwat Arthur</u> Street Address (P.O. Box Number is Not Acceptable) <u>19674 Sawgrass Drive,</u> <u>#6102</u> City <u>Boca Raton</u> <u>FL</u> Zip Code <u>33434</u>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE <u>Arthur Charwat</u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <u>April 19, 2005</u>  <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP1	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR, CHARWAT		NAME		
STREET ADDRESS	19674 SAWGRASS DR., #6102		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERMAN, LEN		NAME	Leonard Baron	
STREET ADDRESS	19880 SAWGRASS DR., #3903		STREET ADDRESS	20000 Sawgrass Lane #5003	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	VP2	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, MICHAEL		NAME		
STREET ADDRESS	19590 SAWGRASS DRIVE #2501		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTZER, JULIE		NAME		
STREET ADDRESS	19730 SAWGRASS DR.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINER, AL		NAME	Ronni Freeman	
STREET ADDRESS	19690 SAWGRASS DR., #102		STREET ADDRESS	19990 Sawgrass Lane #4200	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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 an officer like empowered.					
SIGNATURE: <u>Arthur Charwat</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>April 19, 2005</u> <u>561-8836735</u> <small>Date Daytime Phone #</small>		