


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90025 045 ****61.25

| | | | | | |
|--|-----------------------------------|--|---|---|--|
| DOCUMENT # 745149 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1894221 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CHARWAT, ARTHUR 19674 SAWGRASS DRIVE, #6102 BOCA RATON, FL 33434 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | FL Zip Code | | |
| 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. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input 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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BARON, LEONARD | | NAME | | |
| STREET ADDRESS | 20000 SAWGRASS LANE, #5003 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33434 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WALTZER, JULIE | | NAME | | |
| STREET ADDRESS | 19730 SAWGRASS DR. | | STREET ADDRESS | 19730 Sawgrass Dr. #3402 | |
| CITY-ST-ZIP | BOCA RATON, FL 33434 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FREEMAN, RONNIE | | NAME | | |
| STREET ADDRESS | 19990 SAWGRASS LANE, #4202 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33434 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LAMBERT, MARTIN | | NAME | | |
| STREET ADDRESS | 19770 SAWGRASS DR 601 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33434 | | CITY-ST-ZIP | | |
| 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 exemptions contained 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 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 all other like empowered. | | | | | |
| SIGNATURE: X <i>Arthur Charwat</i> ARTHUR CHARWAT X April 5, 2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |