

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739092

Entity Name: PEPPERWOOD HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O FIRSTSERVICE RESIDENTIAL
5805 BLUE LAGOON DR., #310
MIAMI, FL 33126**Current Mailing Address:**C/O FIRSTSERVICE RESIDENTIAL
5805 BLUE LAGOON DR., #310
MIAMI, FL 33126 US**FEI Number:** 59-1807394**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRALEY & OTTO, P.A.
2699 STIRLING ROAD
SUITE C-207
FT. LAUDERDALE, FL 33312 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title VP
Name ERWICH, WILHEM
Address 9033 SW 78 COURT
City-State-Zip: MIAMI FL 33156Title DIRECTOR
Name STERN, MICHAEL
Address 9210 SW 78 COURT
City-State-Zip: MIAMI FL 33156Title SECRETARY
Name APPLEBY, DAVID
Address 9120 SW78 COURT
City-State-Zip: MIAMI FL 33156Title PRESIDENT
Name COLEMAN, PHILLIP
Address 9013 SW 78 PLACE
City-State-Zip: MIAMI FL 33156Title DIRECTOR
Name COHEN, BARBARA
Address 9075 SW 78 COURT
City-State-Zip: MIAMI FL 33156Title DIRECTOR
Name DARLOW, MARTIN
Address 9265 SW 78 COURT
City-State-Zip: MIAMI FL 33156

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILLIP L. COLEMAN**PRESIDENT****01/25/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date