

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739092

Entity Name: PEPPERWOOD HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O THE FOSTER COMPANY
9000 SW 152ND STREET SUITE 102
MIAMI, FL 33157

Current Mailing Address:

C/O THE FOSTER COMPANY
9000 SW 152ND STREET SUITE 102
MIAMI, FL 33157 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 DIRECTOR
Name STERN, MICHAEL
Address 9000 SW 152ND STREET, SUITE 102
City-State-Zip: MIAMI FL 33157

Title SECRETARY, TREASURER
Name MARKUS, ILENE
Address 9000 SW 152ND STREET, SUITE 102
City-State-Zip: MIAMI FL 33157

Title DIRECTOR
Name VITIER, ANNETTE T
Address 9000 SW 152ND STREET, SUITE 102
City-State-Zip: MIAMI FL 33157

Title VP
Name ERWICH, WILLIAM
Address 9000 SW 152ND STREET
SUITE 102
City-State-Zip: MIAMI FL 33157

Title PRESIDENT
Name COHEN, BARBARA
Address 9000 SW 152ND STREET, SUITE 102
City-State-Zip: MIAMI FL 33157

Title DIRECTOR
Name BECTON, ANNE
Address 9000 SW 152ND STREET, SUITE 102
City-State-Zip: MIAMI FL 33157

Title DIRECTOR
Name DEL VALLE, CARLOS
Address 9000 SW 152ND STREET, SUITE 102
City-State-Zip: MIAMI FL 33157

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: BARBARA COHEN**PRESIDENT****01/19/2021**

Electronic Signature of Signing Officer/Director Detail

Date