

2015 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 TREASURER
Name COLE, MIRYAM
Address 9275 SW 78 CT.
City-State-Zip: MIAMI FL 33156

Title VP
Name ERWICH, WILHEM
Address 9033 SW 78 COURT
City-State-Zip: MIAMI FL 33156

Title PRESIDENT
Name COLEMAN, PHILLIP
Address 9013 SW 78 PLACE
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name STERN, MICHAEL
Address 9210 SW 78 COURT
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name COHEN, BARBARA
Address 9075 SW 78 COURT
City-State-Zip: MIAMI FL 33156

Title SECRETARY
Name APPLEBY, DAVID
Address 9120 SW78 COURT
City-State-Zip: MIAMI FL 33156

Title 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 COLEMAN**PRESIDENT****03/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date