

**2022 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 PRESIDENT  
Name COHEN, BARBARA  
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 BECTON, ANNE  
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 DIRECTOR  
Name DEL VALLE, CARLOS  
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

*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****02/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date