

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90024 017 ****70.00

DOCUMENT # 723335

1. Entity Name
PEPPERTREE BAY ASSOCIATION, INC.



Principal Place of Business
6056 MIDNIGHT PASS ROAD
SARASOTA, FL 34242 US

Mailing Address
6056 MIDNIGHT PASS ROAD
SARASOTA, FL 34242 US

DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1464061

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PEPPERTREE BY ASSOC. INC.
6056 MIDNIGHT PASS RD
SARASOTA, FL 34242

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	LACEY, ARLENE
STREET ADDRESS	1124 PEPPERTREE LANE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	GOODIS, JAMES
STREET ADDRESS	1079 PEPPERTREE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	A
NAME	FASTIGGI, THOMAS
STREET ADDRESS	6056 MIDNIGHT PASS ROAD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	P
NAME	COLONNA, RON
STREET ADDRESS	1138 PEPPERTREE LANE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	S
NAME	HUNERYAGER, WOODY <i>Edward Nonig</i>
STREET ADDRESS	1055 PEPPERTREE DR #206 <i>1030 Peppertree Lane</i>
CITY-ST-ZIP	SARASOTA, FL 34242 <i>Sarasota FL 34242</i>
TITLE	T
NAME	KOHEN, VINCENT
STREET ADDRESS	1134 PEPPERTREE LANE
CITY-ST-ZIP	SARASOTA, FL 34242

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS FASTIGGI

Date

Daytime Phone #

4/2/08 941.349.7777