

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723335

FILED
Apr 02, 2009
Secretary of State

Entity Name: PEPPERTREE BAY ASSOCIATION, INC.

Current Principal Place of Business:

6056 MIDNIGHT PASS ROAD
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

6056 MIDNIGHT PASS ROAD
SARASOTA, FL 34242 US

New Mailing Address:

FEI Number: 59-1464061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LACEY, ARLENE
Address: 1124 PEPPERTREE LANE
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: GOODIS, JAMES
Address: 1079 PEPPERTREE DRIVE
City-St-Zip: SARASOTA, FL 34242

Title: A () Delete
Name: FASTIGGI, THOMAS
Address: 6056 MIDNIGHT PASS ROAD
City-St-Zip: SARASOTA, FL 34242

Title: P () Delete
Name: COLONNA, RON
Address: 1138 PEPPERTREE LANE
City-St-Zip: SARASOTA, FL 34242

Title: S () Delete
Name: HONIQU, EDWARD
Address: 1030 PEPPER AVE LANE
City-St-Zip: SARASOTA, FL 34242

Title: T () Delete
Name: KOHEN, VINCENT
Address: 1134 PEPPERTREE LANE
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HONIG, EDWARD
Address: 1030 PEPPER AVE LANE
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS FASTIGGI

A

04/02/2009

Electronic Signature of Signing Officer or Director

Date