

# 728861

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H12000154864 3)))



H120001548643ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## REGISTERED AGENT CHANGE PEPPERTREE LAKE CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

*RAB Chy*

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2012 JUN 11 AM 8:02  
TO: PEPPERTREE LAKE CONDO  
SUFFICIENT FILING

FILED  
2012 JUN 11 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PEPPERTREE LAKE CONDOMINIUM ASSOCIATION, INC.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** 728861

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy Crawford

\_\_\_\_\_  
Name of Contact Person

RealManage, LLC

\_\_\_\_\_  
Firm/Company

P.O. Box 803555 Suite 150

\_\_\_\_\_  
Address

Dallas, TX 75380

\_\_\_\_\_  
City/State and Zip Code

registered.agent@realmanage.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Crawford

972

380-3522

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (03/12)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: PEPPERTREE LAKE CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 720 116TH AVE. N., ST. PETERSBURG FL 33716 US
3. The mailing address (if different): 970 LAKE CARILLON DR, SUITE 102, ST. PETERSBURG FL 33716 US
4. Date of incorporation/qualification: 02/18/1974 Document number: 728861

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PBM

970 LAKE CARILLON DR SUITE 102

ST. PETERSBURG FL 33716 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

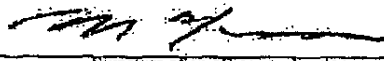
c/o C T Corporation System, 1200 South Pine Island Road Plantation,

P.O. Box NOT acceptable

Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Michael Jones, Vice President

\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

C.T. Corporation System  
By:   
\_\_\_\_\_  
Signature of Registered Agent

6/8/2012

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Michael Jones, Assistant Secretary

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)