


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90194 018 \*\*\*\*61.25

<b>DOCUMENT # 730209</b> 1. Entity Name <b>PEPPERTREE POINTE ENVIRONMENTAL QUALITY AND ROADWAY MAINTENANCE ASSOCIATION, INC.</b>																																																							
Principal Place of Business <b>C/O ISLAND MGMT 711 TARPON BAY RD SANIBEL, FL 33957</b>			Mailing Address <b>C/O ISLAND MGMT PO BOX 100 SANIBEL, FL 33957</b>																																																				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																					
City & State		City & State																																																					
Zip	Country	Zip	Country																																																				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																			
<b>MACKESY, STEVEN 711 TARPON BAY RD SANIBEL, FL 33957</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																																							
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DP</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOGLARSKY, JACK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15171 SEA BREEZE COVE CR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT MYERS, FL 33908</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 15%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BECKER, BOB</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7208 ST ANN'S CT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT MYERS, FL 33908</td> <td></td> </tr> </table> </div> </div>						TITLE	DP	<input type="checkbox"/> Delete	NAME	BOGLARSKY, JACK		STREET ADDRESS	15171 SEA BREEZE COVE CR		CITY - ST - ZIP	FORT MYERS, FL 33908		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	BECKER, BOB		STREET ADDRESS	7208 ST ANN'S CT		CITY - ST - ZIP	FORT MYERS, FL 33908		<div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">VD</td> <td style="width: 15%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JACK Boglarsky</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15171 SEA Breeze Cove Cr</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Ft Myers FL 33908</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">RD</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Harry Pugh</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11842 Quail Run Dr.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Ft. Myers, FL 33908</td> <td></td> </tr> </table> </div>		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	JACK Boglarsky		STREET ADDRESS	15171 SEA Breeze Cove Cr		CITY - ST - ZIP	Ft Myers FL 33908		TITLE	RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Harry Pugh		STREET ADDRESS	11842 Quail Run Dr.		CITY - ST - ZIP	Ft. Myers, FL 33908	
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