


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743723** (9)

1. Corporation Name

PEPPERTREE EAST CONDOMINIUM, INC.

Principal Place of Business

**203 C 6TH AVE
MELBOURNE BEACH FL 32851**

Mailing Address

**4834 VERNONA CIRCLE
MELBOURNE FL 32940-7151
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/26/1978		3a. Date of Last Report 02/08/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 28-3808341		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, DAVID N 4834 VERONA CIRCLE MELBOURNE FL 32940				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEDNARZ, ANITA			1.2 NAME			
STREET ADDRESS	201-E SIXTH AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH FL			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, DAVE			2.2 NAME			
STREET ADDRESS	4834 VERONA CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			2.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARTON, WILLIAM			3.2 NAME			
STREET ADDRESS	201 F 6TH AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BCH FL			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POST, ALFRED			4.2 NAME			
STREET ADDRESS	201 C 6TH AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 if changed, or on an attachment with an address.

2037 (9/96)