


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

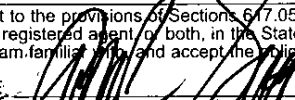
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 745149 Vok 1. Corporation Name Village of Peppertree Master Association, Inc.		
Principal Place of Business		Mailing Address
PRIME MANAGEMENT GROUP 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487		

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1894221
City & State	City & State	Applied For
23	28	<input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SWATT, MYRON PRIME MANAGEMENT GROUP 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 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:  DATE: **4/9/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur Charvat	1.2 NAME	
STREET ADDRESS	19674 Sawgrass Drive, UNIT 6102	1.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33433	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD	2.2 NAME	
STREET ADDRESS	VINCENT SAN TULLI	2.3 STREET ADDRESS	
CITY-ST-ZIP	19820 Sawgrass Drive, UNIT 3802	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD	3.2 NAME	
STREET ADDRESS	Robert Greenberg	3.3 STREET ADDRESS	
CITY-ST-ZIP	19970 Sawgrass Drive, UNIT 3601	3.4 CITY-ST-ZIP	
CITY-ST-ZIP	Boca Raton, FL 33433		
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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; 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **27 Oct 1999** 61-883-6735 Daytime Phone #

CDPC07 11001