

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/27

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90292 048 \*\*\*\*61.25

**DOCUMENT # 745149**

1. Entity Name

**VILLAGE OF PEPPERTREE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP  
 6300 PRK OF COMMERCE BLVD  
 BOCA RATON FL 33487

PRIME MANAGEMENT GROUP  
 6300 PRK OF COMMERCE BLVD  
 BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1894221**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Swatt Myron  
~~PRIME MANAGEMENT GROUP~~

Street Address (P.O. Box Number is Not Acceptable)

6300 Park of Commerce Blvd

City Boca Raton, FL FL Zip Code 33487

**SWATT, MYRON**  
**PRIME MANAGEMENT GROUP**  
**6300 PRK OF COMMERCE BLVD**  
**BOCA RATON FL 33487**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  
 NAME **SAN TULLI, VINCENT**  Delete  
 STREET ADDRESS **19820 SAWGRASS DRIVE #3802**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P D**  
 NAME **CHARWAT, ARTHUR**  Delete  
 STREET ADDRESS **19674 SAWGRASS DRIVE, #6102**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  
 NAME **GREENBERG, ROBERT**  Delete  
 STREET ADDRESS **19970 SAWGRASS DRIVE, #3601**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  
 NAME **GREENBERG, ROBERT**  Delete  
 STREET ADDRESS **19790 SAWGRASS DRIVE, #3601**  
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur Charwat  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 April 2001 561-883-6745  
 Date Daytime Phone #

CR2E037 (10/00)