


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90385 025 ****61.25

DOCUMENT # 745149					
1. Entity Name VILLAGE OF PEPPERTREE ASSOCIATION, INC.					
Principal Place of Business PRIME MANAGEMENT GROUP 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487			Mailing Address 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		4. FEI Number 59-1894221	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHARWAT, ARTHUR 19674 SAWGRASS DRIVE, #6102 BOCA RATON, FL 33434			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	7 ARTHUR, CHARWAT	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19674 SAWGRASS DR., #6102		NAME		
STREET ADDRESS	BOCA RATON, FL 33434		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	7 BARON, LEONARD E.	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20000 SAWGRASS LANE, #5003		NAME		
STREET ADDRESS	BOCA RATON, FL 33434		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, MICHAEL		NAME		
STREET ADDRESS	19590 SAWGRASS DRIVE #2501		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTZER, JULIE		NAME		
STREET ADDRESS	19730 SAWGRASS DR.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	8 FREEMAN, RONNIE	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19990 SAWGRASS LANE, #4202		NAME		
STREET ADDRESS	BOCA RATON, FL 33434		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lambert, Martin	
STREET ADDRESS			STREET ADDRESS	19790 Sawgrass Drive #601	
CITY-ST-ZIP			CITY-ST-ZIP	Boca Raton, FL 33434	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Leonard E. Baron, Pres.</i>		LEONARD E. BARON		3-18-06 564487-3002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



02082006 Chg-NP CR2E037 (11/05)