

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90026 019 ****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**

50001782



01302008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1894221

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **VP** ☐ Delete
NAME **ARTHUR, CHARWAT**
STREET ADDRESS **19674 SAWGRASS DR., #6102**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BARON, LEONARD**
STREET ADDRESS **20000 SAWGRASS LANE, #5003**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **WALTZER, JULIE**
STREET ADDRESS **19730 SAWGRASS DR. #3402**
CITY-ST-ZIP **BOCA RATON, FL 33434**

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

TITLE **VP** ☐ Delete
NAME **FREEMAN, RONNIE**
STREET ADDRESS **19990 SAWGRASS LANE, #4202**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **LAMBERT, MARTIN**
STREET ADDRESS **19770 SAWGRASS DR 601**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **DR MICHAEL SILVERMAN**
STREET ADDRESS **19590 SAWGRASS CIRCLE**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **S** ☒ Change ☒ Addition
NAME **Dr. Michael Silverman**
STREET ADDRESS **19590 Sawgrass Circle**
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Arthur Charwat President March 18, 2008 561-883-6735