

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745149

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: VILLAGE OF PEPPERTREE ASSOCIATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-1894221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHARWAT, ARTHUR  
19674 SAWGRASS DRIVE, #6102  
BOCA RATON, FL 33434 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ARTHUR, CHARWAT  
Address: 19674 SAWGRASS DR., #6102  
City-St-Zip: BOCA RATON, FL 33434

Title: T ( ) Delete  
Name: BARON, LEONARD  
Address: 20000 SAWGRASS LANE, #5003  
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete  
Name: WALTZER, JULIE  
Address: 19730 SAWGRASS DR. #3402  
City-St-Zip: BOCA RATON, FL 33434

Title: VP ( ) Delete  
Name: FREEMAN, RONNIE  
Address: 19990 SAWGRASS LANE, #4202  
City-St-Zip: BOCA RATON, FL 33434

Title: S ( ) Delete  
Name: SILVERMAN, MICHAEL DR.  
Address: 19590 SAWGRASS CIRCLE  
City-St-Zip: BOCA RATON, FL 33434

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR CHARWAT

PRES

02/09/2009

Electronic Signature of Signing Officer or Director

Date