

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90202 011 ****61.25

DOCUMENT # 745729 1. Entity Name VILLAGE OF PEPPERTREE CONDOMINIUM I ASSOCIATION, INC.					
Principal Place of Business HAWK-EYE MANAGEMENT, INC 3901 N FEDERAL HWY, STE 202 BOCA RATON, FL 33431			Mailing Address HAWK-EYE MANAGEMENT, INC 3901 N FEDERAL HWY, STE 202 BOCA RATON, FL 33431 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1922354	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HAWK-EYE MANAGEMENT, INC. 3901 NORTH FEDERAL HWY SUITE 202 BOCA RATON, FL 38431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	VPD	<input type="checkbox"/> Delete		TITLE	TD / SD
NAME	SILVERMAN, LEONARD			NAME	Norman Eatroff
STREET ADDRESS	19880 SAWGRASS LANE #3903			STREET ADDRESS	19910 Sawgrass Ct. #5603 Boca RATON
CITY-ST-ZIP	BOCA RATON, FL 33434			CITY-ST-ZIP	FL. 33433
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	
NAME	FREEMAN, RONNI			NAME	
STREET ADDRESS	19990 SAWGRASS LANE #4202			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33434			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	
NAME	BARON, LEONARD E.			NAME	
STREET ADDRESS	20000 SAWGRASS LANE			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 38484			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	
NAME	GLICK, IVAN			NAME	
STREET ADDRESS	20000 SAWGRASS LANE #5002			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33434			CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	ZATRAFF, GERNG			NAME	
STREET ADDRESS	19910 SAWGRASS LN., #5603			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33434			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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</i> LEONARD E. BARON PAE 4.20-07 561-487-3002					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					