


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90166 048 ****61.25

DOCUMENT # 745729 1. Entity Name VILLAGE OF PEPPERTREE CONDOMINIUM I ASSOCIATION, INC.	
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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
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60032591



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

03112008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent HAWK-EYE MANAGEMENT, INC. 3901 NORTH FEDERAL HWY SUITE 202 BOCA RATON, FL 33431	
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7. Name and Address of New Registered Agent Name Lee Burg, Esq. Street Address (P.O. Box Number Not Acceptable) C/O Becker + Polakoff 3111 Stirling Road City Ft. Lauderdale, FL FL Zip Code 33312	
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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  **Lee H. Burg, Esq.** **4-28-08**
Signature, typed or printed name of registered agent and date (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SILVERMAN, LEONARD 19880 SAWGRASS LANE #3903 BOCA RATON, FL 33434 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FREEMAN, RONNI 19990 SAWGRASS LANE #4202 BOCA RATON, FL 33434 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARON, LEONARD E 20000 SAWGRASS LANE BOCA RATON, FL 38484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLICK, IVAN 20000 SAWGRASS LANE #5002 BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDSD EATROFF, NORMAN 19910 SAWGRASS CT. #5603 BOCA RATON, FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Grossman, Myron 20020 Sawgrass Lane #4903 Boca Raton, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **LEONARD E. BARON** **4-17-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #