

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745729

FILED
Jan 16, 2009
Secretary of State

Entity Name: VILLAGE OF PEPPERTREE CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

HAWK-EYE MANAGEMENT, INC
3901 N FEDERAL HWY, STE 202
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

HAWK-EYE MANAGEMENT, INC
3901 N FEDERAL HWY, STE 202
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-1922354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURG, LEE ESQ
C/O BECKER & POLINKOFF
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 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: VPD () Delete
Name: SILVERMAN, LEONARD
Address: 19880 SAWGRASS LANE #3903
City-St-Zip: BOCA RATON, FL 33434

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

Title: PD () Delete
Name: BARON, LEONARD E
Address: 20000 SAWGRASS LANE
City-St-Zip: BOCA RATON, FL 38484

Title: TDSD () Delete
Name: EATROFF, NORMAN
Address: 19910 SAWGRASS CT. #5603
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: GROSSMAN, MYRON
Address: 20020 SAWGRASS LANE #4903
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: LEONARD BARON

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date