


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90979 016 ****61.25

DOCUMENT # 750704 1. Entity Name VILLAGE OF PEPPERTREE CONDOMINIUM III ASSOCIATION, INC.					
Principal Place of Business PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33437 US			Mailing Address PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33437 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWATT, MYRON PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33437				Name <u>Charwat, Arthur</u> Street Address (P.O. Box Number is Not Acceptable) <u>19674 Sawgrass Drive #6102</u> City <u>Boca Raton</u> FL Zip Code <u>33434</u>	
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 <u>ARTHUR CHARWAT</u>		<u>Arthur Charwat</u> (NOTE: Registered Agent signature required when reinstating)		DATE <u>4-18-05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHARWAT, ARTHUR	NAME			
STREET ADDRESS	19674 SAWGRASS DR #6102	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEADOW, CHARLES	NAME			
STREET ADDRESS	19590 SAWGRASS DR #2504	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP			
TITLE	2VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CITRIN, LESTER	NAME			
STREET ADDRESS	19560 SAWGRASS DR #2204	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP			
TITLE	1VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SILVERMAN, MICHAEL	NAME			
STREET ADDRESS	19590 SAWGRASS DR #2501	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRAVETTE, LEWIS	NAME			
STREET ADDRESS	19630 SAWGRASS CIR #2901	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP			
TITLE	I <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<u>James Peterman</u>		
STREET ADDRESS		STREET ADDRESS	<u>19610 Sawgrass Circle #2704</u>		
CITY-ST-ZIP		CITY-ST-ZIP	<u>Boca Raton, FL 33434</u>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Arthur Charwat</u>		<u>ARTHUR CHARWAT</u> (NOTE: Registered Agent signature required when reinstating)			
DATE <u>4-18-05</u>		DAYTIME PHONE #			