

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 753125 (4)**  
1. Corporation Name  
**PEPPERTREE VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**10033 9TH ST., N.  
2ND FT.  
ST. PETERSBURG FL 33716  
US**

Mailing Address  
**10033 9TH ST., N.  
2ND FLOOR  
ST. PETERSBURG FL 33716  
US**

3. Date Incorporated or Qualified  
**06/26/1980**

3a. Date of Last Report  
**04/12/1995**

4. FEI Number  
**59-2717932**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

## 9. Name and Address of Current Registered Agent

**SMITH, BRIAN K.  
10033 9TH ST., N.  
2ND FLOOR  
ST. PETERSBURG FL 33716**

## 10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Robert M. Lachnicht* **ROBERT M. LACHNICHT, PRESIDENT** 4-4-96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VP**

STREET ADDRESS **SCHILLER, BARBARA**

CITY-ST-ZIP **876 116TH AVE., N., #108  
ST PETERSBURG FL**

TITLE ☐ DELETE

NAME **CAPOROSSO, PERRY**

STREET ADDRESS **877 114TH AVE. N. #404**

CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **LACHNICHT, BOB**

STREET ADDRESS **4780 DOLPHIN CAY LANE S. #207**

CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **D BOETTCHER, MARY**

STREET ADDRESS **11566 7TH LANE N #1208**

CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **SD COWLES, BOB**

STREET ADDRESS **11502 7TH LANE N #1401**

CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**same**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **same**

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **P Bob Lachnicht**

2.3 STREET ADDRESS **4780 Dolphin Cay Lane S. #207**

2.4 CITY-ST-ZIP **St. Petersburg, FL**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **T Peggy Psaledakis**

3.3 STREET ADDRESS **6461 Conroy Unit 903**

3.4 CITY-ST-ZIP **Orlando, FL 32835**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **D Perry Caporosso**

4.3 STREET ADDRESS **877-114th Ave. N. #404**

4.4 CITY-ST-ZIP **St. Petersburg, FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS **same**

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Robert M. Lachnicht* **ROBERT I. LACHNICHT** 866-9096  
4-4-96

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)