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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753125

1. Corporation Name

PEPPERTREE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O CMC
4175 EAST BAY DRIVE, #205
CLEARWATER FL 33764
US

Mailing Address

C/O CMC
4175 EAST BAY DRIVE, #205
CLEARWATER FL 33764
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/26/1980

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

9. Name and Address of Current Registered Agent

COMMUNITY MANAGEMENT CONCEPTS, INC.
4175 EAST BAY DRIVE, #205
CLEARWATER FL 33764

10. Name and Address of New Registered Agent

81 Name **Peggy Psaledakis**
82 Street Address (P.O. Box Number is Not Acceptable)
6461 CONROY #903
83 **Orlando, FL**
84 City **FL** 85 Zip Code **32835**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

[Signature]

[Signature] **Peggy Psaledakis**

2/15/99

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	DP	<input type="checkbox"/> DELETE
NAME	JACKSON, LISA	
STREET ADDRESS	115566 - 7TH LANE NORTH, #1204	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	PSALEDAKIS, PEGGY	
STREET ADDRESS	6461 CONROY #90	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOUGLASS, MARNEY	
STREET ADDRESS	776-116TH AVENUE NORTH, #1103	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	COWLES, BOB	
STREET ADDRESS	11502 - 7TH LANE NORTH, #1401	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Matt Keller
1.3 STREET ADDRESS	3123 Pearl
1.4 CITY-ST-ZIP	Tampa, FL 33611
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Peggy Psaledakis
2.3 STREET ADDRESS	6461 CONROY #903
2.4 CITY-ST-ZIP	ORLANDO, FL 32835
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gerrit Goldman
3.3 STREET ADDRESS	11410 8th Way N. #311
3.4 CITY-ST-ZIP	St Petersburg, FL 33716
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SUE BARBER
4.3 STREET ADDRESS	11502 8th St N #700
4.4 CITY-ST-ZIP	St Petersburg, FL 33716
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jon Ramsey
5.3 STREET ADDRESS	328 26th Ave N
5.4 CITY-ST-ZIP	St Petersburg, FL 33704
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **REPSALEDAKIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

2/15/99

407-6516
2322 ext

124