

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753125

1. Entity Name

PEPPERTREE VILLAGE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90004 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~070 CMC~~  
~~4175 EAST BAY DRIVE #305~~  
~~CLEARWATER FL 33764~~  
~~US~~

~~070 CMC~~  
~~4175 EAST BAY DRIVE #305~~  
~~CLEARWATER FL 33764-6977~~  
~~US~~

2. Principal Place of Business

~~C/O CONDOMINIUM ASSOC.~~  
~~3001 EXECUTIVE DR.~~

3. Mailing Address

~~C/O CONDOMINIUM ASSOC.~~  
~~3001 EXECUTIVE DR.~~

Suite, Apt. #, etc.

#260

Suite, Apt. #, etc.

#260

City & State

CLEARWATER FL

City & State

CLEARWATER, FL

Zip

33762

Country

USA

Zip

33762

Country

USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~PSALEDAKIS, PEGGY~~  
~~6461 CONROY 903~~  
~~ORLANDO FL 32835~~

7. Name and Address of New Registered Agent

Name

CONDOMINIUM ASSOCIATES

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

3001 EXECUTIVE DR, #260

City

CLEARWATER

FL

Zip Code

33762

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.

SIGNATURE

*Condominium Associates*  
*By Craig D. Caldwell*  
Signature typed or printed name of registered agent and title if applicable.

CRAIG D. CALDWELL  
VICE PRESIDENT

1-10-00

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLER, MATT	
STREET ADDRESS	3123 PEARL	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	PO	<input checked="" type="checkbox"/> Delete
NAME	PSALEDAKIS, PEGGY	
STREET ADDRESS	6461 CONROY 903	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOLDMAN, GERRI	
STREET ADDRESS	11410 8TH WAY N 311	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BARBER, SUE	
STREET ADDRESS	11562 8TH N 706	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RAMSEY, RON	
STREET ADDRESS	328 26TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES DEAKYNE	
STREET ADDRESS	819 114 AVE N, #907	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID McROBERT	
STREET ADDRESS	11415 8 WAY N, #605	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUE BARBER	
STREET ADDRESS	11562 8 WAY N, #706	
CITY-ST-ZIP	St Petersburg, FL, 33716	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN CLASS	
STREET ADDRESS	819 114 AVE N, #903	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEGGY PSALEDAKIS	
STREET ADDRESS	877 114 AVE N #405	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00

CR2E037 (9/99)