

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0043375

DOCUMENT # 753125

1. Entity Name

PEPPERTREE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DRIVE # 260
 CLEARWATER FL 33762
 US

C/O CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DRIVE # 260
 CLEARWATER FL 33762
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2717932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DRIVE, STE 260
 CLEARWATER FL 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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
 NAME **DEAKYNE, JAMES**
 STREET ADDRESS **819 114TH AVE N # 907**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Dale Smith**
 STREET ADDRESS **11409-8th North #1509**
 CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **ST** ☒ Delete
 NAME **CLASS, ALAN**
 STREET ADDRESS **819 114TH AVE N # 903**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Secretary** ☐ Delete
 NAME **GOLDMAN, GERRI**
 STREET ADDRESS **11562 8TH WAY N # 311**
 CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD President** ☐ Delete
 NAME **BARBER, SUE**
 STREET ADDRESS **11562 8TH N 706**
 CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **WIGGINS, TERESA**
 STREET ADDRESS **819 114TH AVE N # 902**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Dale Smith* **DALE SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28, 2002

Date

727 573-3800

X 34824

Daytime Phone #

CR2E037 (9/01)