

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90040 019 ****61.25

DOCUMENT # 753125

1. Entity Name

PEPPERTREE VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

REGISTRATION



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE, STE 260
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARBER, SUE	
STREET ADDRESS	11562 8TH WAY NORTH, #706	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BOKSEN, HEATH	
STREET ADDRESS	8675 PELICAN COURT	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HERVEY, BOB	
STREET ADDRESS	11525 8TH WAY NORTH, #512	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DALE	
STREET ADDRESS	11409 8TH NORTH #1509	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARKINS, TIM	
STREET ADDRESS	1204 7TH LANE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilmott, Elnora	
STREET ADDRESS	11538 7th Lane North, #1312	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Patricia	
STREET ADDRESS	877 114th Avenue North, #401	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gervasi, Charles	
STREET ADDRESS	71409 8th Street North, #1501	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Sue Barber SUE BARBER

3-4-2004

Date

Daytime Phone #