## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90280 013 \*\*\*\*61.25

## **DOCUMENT #753125**

1. Entity Name

PEPPERTREE VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address C/O CONDOMINUM ASSOCIATES C/O CONDOMINUM ASSOCIATES 3001 EXECUTIVE DRIVE # 260 3001 EXECUTIVE DRIVE # 260 CLEARWATER, FL 33762 CLEARWATER, FL 33762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-2717932 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE, STE 260 CLEARWATER, FL 33762 Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 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 little if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE TITLE Addition ☐ Delete ☐ Change BARBER, SUE TrakiLovic NAME NAME 7th Lane North, # 1407 STREET ADDRESS 11562 8TH WAY NORTH, #706 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33716 CITY-ST-ZIP Petersburg FL 33716 TITLE ☐ Delete TITI F ☐ Addition Joshua WELSH, JOSHUA NAME NAME 408 114th Avenue North 877 114TH AVENUE N #408 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP SAINT PETERSBURG, FL 33716 CITY-ST-ZIP Addition TITLE D Delete TITLE REISCHMANN, PATRICK NAME NAME STREET ADDRESS 11409 8TH STRET N #1503 STREET ADDRESS SAINT PETERSBURG, FL 33716 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐1 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITI F Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	4-8-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #