

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90143 022 \*\*\*\*61.25

<b>DOCUMENT # 753125</b> 1. Entity Name <b>PEPPERTREE VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>						
Principal Place of Business <b>C/O CONDOMINIUM ASSOCIATES          3001 EXECUTIVE DRIVE # 260          CLEARWATER, FL 33762 US</b>			Mailing Address <b>C/O CONDOMINIUM ASSOCIATES          3001 EXECUTIVE DRIVE # 260          CLEARWATER, FL 33762 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
<b>CONDOMINIUM ASSOCIATES          3001 EXECUTIVE DRIVE, STE 260          CLEARWATER, FL 33762</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 <u><i>Robert J. Syllaba</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TRAKILOVIC, ALEX</b> <b>11502 7TH LN N. #1407</b> <b>ST. PETERSBURG, FL 33716</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST Robert Farwell</b> <b>P.O. Box 22572</b> <b>ST. Petersburg, FL 33742</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD P</b> <b>SYLLABA, DELORES</b> <b>876 116TH AVE N #105</b> <b>SAINT PETERSBURG, FL 33716</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOAGLAND, YVONNE</b> <b>11415 8TH WAY N 607</b> <b>SAINT PETERSBURG, FL 33716</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dawn Randall</b> <b>P.O. Box 55274</b> <b>ST. Petersburg, FL 33732</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>TRAKILOVIC, ALEX</b> <b>11502 7TH LANE N 1407</b> <b>SAINT PETERSBURG, FL 33716</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAT FLANNIGAN</b> <b>576 116TH AVE N. #10</b> <b>ST. Petersburg, FL 33716</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HOAGLAND, YVONNE</b> <b>11415 8TH WAY N, #607</b> <b>SAINT PETERSBURG, FL 33716</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOORE, DIALEE</b> <b>11502 7TH LN N 1401</b> <b>SAINT PETERSBURG, FL 33716</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. Ron Ramsey</b> <b>7640 19th St N</b> <b>St. Petersburg, FL 33702</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u><i>Robert J. Syllaba</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
<small>Date Daytime Phone #</small>						