

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90027 007 \*\*\*\*61.25

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|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # 758950</b><br>1. Entity Name<br><b>PEPPERTREE CIVIC ASSOCIATION, INC.</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>221 MADEIRA DR</b><br><b>ORLANDO, FL 32825 US</b>  |  |  | Mailing Address<br><b>509 S. CHICKASAW TRAIL</b><br><del>PMB 219</del><br><b>ORLANDO, FL 32825 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address<br><b>509 S. Chickasaw Trail</b>                              |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.<br><b>PMB 291</b>  |   |   |  |
| City & State   |  | City & State<br><b>Orlando Florida</b>   |   |   |  |
| Zip  | Country  | Zip  | Country   | 4. FEI Number<br><b>59-2113523</b>  |  |
| <b>32825</b>   | <b>US</b>  | <b>32825</b>   | <b>US</b>   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                       |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WEIGHTMAN, GEORGE S</b><br><b>221 MADEIRA DRIVE</b><br><b>ORLANDO, FL 32825</b>  |  |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
|  |  |  |   | <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| Make check payable to <b>Florida Department of State</b>   |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD</b><br><b>WEIGHTMAN, GEORGE S</b><br><b>221 MADEIRA DR</b><br><b>ORLANDO, FL 32825</b> | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD</b><br><b>BURNS, LINDA</b><br><b>200 THYME CT</b><br><b>ORLANDO, FL 32825</b>          | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SD</b><br><b>SERIO, KATHY</b><br><b>8711 SORREL DR.</b><br><b>ORLANDO, FL 32825</b>       | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP</b><br><b>WITHAM, ALTON</b><br><b>319 CHUTNEY DR</b><br><b>ORLANDO, FL 32825</b>       | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |   |   |  |
| 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. |  |  |   |   |  |

4-24-07

GEORGE S. WEIGHTMAN