

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760732

FILED
Apr 15, 2009
Secretary of State

Entity Name: PEPPERWOOD OF NAPLES CONDOMINIUM ASSOCIATION,INC

Current Principal Place of Business:

PEPPER CIRCLE
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMiami TRAIL E.
NAPLES, FL 34113

New Mailing Address:

FEI Number: 59-2204103 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, STEPHEN P
4985 TAMiami TRAIL E
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: TOOMAJIAN, JANE
Address: 1957 PEPPER CIRCLE #C101
City-St-Zip: NAPLES, FL 34113

Title: PD () Delete
Name: DROUIN, MARGUERITE
Address: 4957 PEPPER CIRCLE #C204
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: KUBINSKI, ALAYNE
Address: 4973 PEPPER CIRCLE #F102
City-St-Zip: NAPLES, FL 34113

Title: TD () Delete
Name: STRECK, LINDA
Address: 4955 PEPPER CIR #B202
City-St-Zip: NAPLES, FL 34113

Title: VD () Delete
Name: SUTTON, MARY ANN
Address: 4973 PEPPER CIRCLE #F204
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: SANDS, BOBBIE
Address: 4967 PEPPER CIRCLE #E204
City-St-Zip: NAPLES, FL 34113

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MATHEWS, MAUREEN E
Address: 4967 PEPPER CIRCLE #E206
City-St-Zip: NAPLES, FL 34113

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGUERITE DROUIN

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date