


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 769108</b> 1. Entity Name PEPPER TREE PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1801 PEPPERTREE DR. OLDSMAR, FL 34677	Mailing Address 1801 PEPPERTREE DR. OLDSMAR, FL 34677
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DO NOT WRITE IN THIS SPACE



02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2389734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  STROSS, HOWARD C 1801 PEPPER TREE DRIVE OLDSMAR, FL 34677
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GROTE, STEPHEN C 190 WINDWARD PASSAGE CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD GROTE, MARY H 190 WINDWARD PASSAGE CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STROSS, HOWARD C 83 S CANAL DRIVE PALM HARBOR, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/12/05-80007-010 61.25

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: <u>Howard C. Stross</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>2/02/05</u> <small>Date</small>	Daytime Phone #: <u>813-852-6600</u> <small>Daytime Phone #</small>
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