

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011422

FILED  
Sep 15, 2009  
Secretary of State

**Entity Name:** PEPPER PLANTATION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

425 WEST COLONIAL DRIVE, STE. 301  
ORLANDO, FL 32804

**New Principal Place of Business:**

235 N WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

425 WEST COLONIAL DRIVE, STE. 301  
ORLANDO, FL 32804

**New Mailing Address:**

235 N WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ANDERSON, FRANK N JR  
425 WEST COLONIAL DRIVE, STE. 301  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

PALMERSTON, LLC  
390 W SR 434  
SUITE 203  
LONGWOOD, FL 327504977 US

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: MICHAEL L. BONO

09/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ANDERSON, FRANK N JR  
Address: 425 WEST COLONIAL DRIVE, STE. 301  
City-St-Zip: ORLANDO, FL 32804

Title: STD ( ) Delete  
Name: ANDERSON, MARY JO  
Address: 425 WEST COLONIAL DRIVE, STE. 301  
City-St-Zip: ORLANDO, FL 32804

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KRAMER, KEVIN  
Address: 235 N. WESTMONTE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD (X) Change ( ) Addition  
Name: SOUTH, SCOTT  
Address: 235 N. WESTMONTE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD ( ) Change (X) Addition  
Name: KARST, SUE  
Address: 235 N. WESTMONTE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: MICHAEL L. BONO

AGNT

09/15/2009

Electronic Signature of Signing Officer or Director

Date