## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N34972

(2)

## PEPPER GROVE HOMEOWNERS' ASSOCIATION, INC.

Principal Pla	ice of Business	Mailing Address	<del></del>				BION OIDH IDD
% Hugh Pringle		% HUGH PRINGLE					
8278 S.W. 110 TERR.		8278 S.W. 110 TERR.					
MIAMI FL 331	<b>36</b>	MIAMI FL 33156-4300				Ba. Date of Last	
2 Dring and	Class of Duo ness	On Malling Address			10/31/1989	03/22/1	
2. Frincipal 21	Place of Business	2a. Mailing Address			4. FEI Number 57-0928386	<b>}</b> —+	Applied For
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				£0.75	Not Applicable Additional
22		27			5. Certificate of Status Desired		Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23	28		····		Trust Fund Contribution		d to Fees
Zip	├──┐		Country	/	8. This corporation has liability for intangible tax under s. 199.032,		
24	25   29   30   9. Name and Address of Current Registered Agent			Florida Statutes Yes No  10. Name and Address of New Registered Agent			
			81	Name		Olda Pigolit	
PRINGL	LE, HUGH		82	Chunch A	ddaes (D.O. Da. Abarbaria Mark		
	.W. TERR.		02	Street A	ddress (P.O. Box Number is Not Acceptable)		
MIAMI	FL 33156		83				
			84	City		85 Zir	Code
				- 7			
Office of	registered agent, or both, in the Sta	ite of Horida. Such change was ai	uthorized by	v the corpo	corporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing	its registered
agent I	ani familiar with, and accept the obt	igations of, Section 617.0503, Flor	rida Statute	S.	, <u> </u>	о аррошилоги а	o rogiotoroa
SIGNATURE	Stgruture, typed or printed name of registered (	ages and blind applicable /NOTE	- Durintored Age	ant signature se	equired when reinstating) C	DATE	
12.		ND DIRECTORS	13.	ant pignache re	ADDITIONS/CHANGES TO OFFICERS		DRS IN 12
TI*LE	PST	☐ DELETE	1.1 TITLE			☐ Change	
NAME	PRINGLE, HUGH K.		1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			
CHY-ST-7IP	MIAMI FL		1.4 CITY - S	T-ZIP			
TITLE	D DINOLE LINOLLY	☐ DELETE	2.1 TITLE			L Change	Addition
NAME PERCELADINGGE	AATA AAN TERR		2.2 NAME				
STREET ADDRESS CHTY-ST-ZIP	MIAMI FL			ADDRESS			
TITLE	T	DELETE	2.4 City-:	SI-ZIP		Change	Addition
NAME	PRINGLE, HUGH	•					redition
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY - \$1 - ZIP	MIAMI FL		3.4. CITY-	\$T-ZIP			
TITLE	D	DELETE	4.1 TITLE			☐ Change	Addition
NAME	SILCILIA, ANTONIA		4. 2 NAME				
STREET ADDRESS			4.3 STREET	h 1			
CITY - ST - ZIP TITLE	MIAMI FL S	DELETE	4.4 CITY - S	ST - ZIP	7	[] o	
NAME	CUTLER, MARLENE	[] OLLEIE	5.1 TITLE			∟ Change	Addition
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS			
CITY-\$1-ZIP	MIAMI FL		5.4 CITY-S				
TIT:E		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME			-	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY - ST - ZIP			6.4 CITY-S				
14. I do here informati	eby certify that the information suppli ion indicated on this annual report of	ied with this filing does not qualify r supplemental annual report is fri	for the exe	mption sta	ated in Section 119.07(3)(i), Florida Statutes. I f hat my signature shall have the same legal effi	urther certify tha	it the
Lam an e appears	officer or director of the corporation in Block 12 or Block 13 if changed	or the receiver or trustee empower or the attachment with an addr.	ered to executes.	ute this re	hat my signature shall have the same legal effo port as required by Chapter 617, Florida Statu	tes; and that my	name
F F = E		IV 7 TT					

SIGNATURE:

ONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/20/97 30

**FILED** 

Mar 25 1997 8:00am

Secretary of State

305-279-1941