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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
04-11-2002 90042 047 ****61.25

DOCUMENT # N34972

1. Entity Name

PEPPER GROVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% HUGH PRINGLE 8278 S.W. 110 TERR. MIAMI FL 33156	% HUGH PRINGLE 8278 S.W. 110 TERR. MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8277 SW 110 Terr Suite, Apt. #, etc.	8277 SW 110 Terr Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami Florida
Zip: 33156 Country: U.S.A.	Zip: 33156 Country: U.S.A

4. FEI Number: 57-0928386 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRINGLE, HUGH 8278 S.W. TERR. MIAMI FL 33156	Name: Antonia Sicilia Street Address (P.O. Box Number is Not Acceptable): 8277 SW 110 Terr City: Miami FL Zip Code: 33156

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.

SIGNATURE: Antonia Sicilia 4-29-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST PRINGLE, HUGH K. 8278 S.W. 110 TERR. MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRINGLE, HUGH K. 8278 S.W. 110 TERR. MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRINGLE, HUGH 8278 S W 110 TERR MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILCILIA, ANTONIA 8278 S.W. 110 TERR. MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CUTLER, MARLENE 8299 S W 110 TERR MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Antonia Sicilia Antonia Sicilia 3/21/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #