

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1-2

DOCUMENT # N45933

(1)

1. Corporation Name

PEPPER WOOD ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~1309 PEPPER TREE PL~~ 1312 PEPPER TREE PL
~~ROCKLEDGE FL 32955~~ Rockledge FL 32955

~~1309 PEPPER TREE PL~~ 1312 PEPPER TREE PL
~~ROCKLEDGE FL 32955~~ Rockledge FL 32955

3. Date Incorporated or Qualified
11/07/1991

3a. Date of Last Report
07/19/1995

2. Principal Place of Business

2a. Mailing Address

21 1312 PEPPER TREE PLACE

26 1312 PEPPER TREE PLACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State
Rockledge FLORIDA

28 City & State
Rockledge FLORIDA

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
32955

25 Country
BROWARD

29 Zip
32955

30 Country
BROWARD

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~AMOS, MARK~~
~~1309 PEPPER TREE PL~~
~~ROCKLEDGE FL 32955~~
S. Michael DeCola
1312 PEPPER TREE PL.
Rockledge FL 32955

81 Name
S. Michael DeCola
82 Street Address (P.O. Box Number is Not Acceptable)
1312 PEPPER TREE PLACE
83
84 City
Rockledge
85 Zip Code
32955

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

6/20/96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	AMOS, MARK	
STREET ADDRESS	1309 PEPPER TREE PL	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DINSON, ALPHONSO	
STREET ADDRESS	1310 PEPPER TREE PL	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DECOLA, S. MICHAEL	
STREET ADDRESS	1312 PEPPER TREE PL	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCNALLY, STEVE	
STREET ADDRESS	1311 PEPPER TREE PLACE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/96

Date

407-652-0267

Daytime Phone #

CR2E037 (12/95)

N45923

2-2

**PEPPER WOOD ESTATES
HOMEOWNERS ASSOCIATION**

Great Western Bank
Rockledge Florida Branch

5/30/96

Re: Pepper Wood Estates Homeowners Association

Acct. # 707-200002-5

To whom it may concern:

The Pepper Wood Estates Homeowners Association President, Mark Amos (whose residence is 1309 Pepper Tree Place, Rockledge Fl. 32955), has sold the home and moved out of state as of 5/30/96. All attempts to him requesting members meetings and his removal of his signature from the account by the treasurer of the association S. Michael DeCola have had no response.

This letter will serve as a formal notification to your bank that at this time the undersigned request Mark Amos to be removed from the association as President and is no longer required as a signatory on the Associations bank account.

The second required signatory will be Alphonso Dinson of 1310 Pepper Tree Place... the acting secretary.

In addition to all of the above changes please be advised the Association Bank Statements should now be sent to 1312 Pepper Tree Place, Rockledge Fl. 32955.

Yours Truly,


S. Michael DeCola, Treasurer


Alphonso Dinson, Secretary