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May 29 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45933 (1)

1. Corporation Name

PEPPER WOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1312 PEPPER TREE PLACE
ROCKLEDGE FL 32955
US

Mailing Address

1312 PEPPER TREE LACE
ROCKLEDGE FL 32955-4441
US3. Date Incorporated or Qualified
11/07/19913a. Date of Last Report
06/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 1312 PEPPER TREE PLACE

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

DECOLA, MICHAEL S
1312 PEPPER TREE PLACE
ROCKLEDGE FL 32955

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME AMOS, MARK
STREET ADDRESS 1309 PEPPER TREE PL
CITY-ST-ZIP ROCKLEDGE FL☒ DELETETITLE DS
NAME DINSON, ALPHONSO
STREET ADDRESS 1310 PEPPER TREE PL
CITY-ST-ZIP ROCKLEDGE FL☐ DELETETITLE DT
NAME DECOLA, S. MICHAEL
STREET ADDRESS 1312 PEPPER TREE PL
CITY-ST-ZIP ROCKLEDGE FL☐ DELETETITLE D
NAME MCNALLY, STEVE
STREET ADDRESS 1311 PEPPER TREE PLACE
CITY-ST-ZIP ROCKLEDGE FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR
1.2 NAME DR. DONALD JONES, MD
1.3 STREET ADDRESS 1309 PEPPER TREE PL
1.4 CITY-ST-ZIP ROCKLEDGE, FL 32955☒ Change☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change☐ Addition

3.1 TITLE DT/PRESIDENT

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change☒ Addition

4.1 TITLE INACTIVE PARTICIPANT

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change☐ Addition

14. I do 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 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

1/3/97

Date

407-632-0267

Daytime Phone # 0020284

CR2E037 (9/96)