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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT:

SIGNATURE:

N45933

(1)

PEPPER WOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED
May 13 1998 8:00am
Secretary of State

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| Principal Place of Business Mailing Address | | | | | s smartisms des months and a colon c | ilon Blok kibil Bidik C | IEDIA INDI |
|--|--|---------------------------------------|--------------|-----------------------------------|--|----------------------------------|------------|
| 1312 PEPPER TREE PLACE | | 1312 PEPPER TREE PLACE | | 3. Date Incorporated or Qualified | | | |
| ROCKLEDGE FL 32955 | | ROCKLEDGE FL 32955 | | | | - | • |
| US | | US | | | 4. FEI Number | Appli | ed For |
| | | | | | NOT APPLICABLE | | pplicable |
| | lace of Business | 2a. Malling Address | | | 5. Certificate of Status Desired | \$8,75 Add | Sitional |
| 21 | | 25 | | | V. Continuate of States Desired | Fee Requi | ired |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | 1 | | 6. Election Campaign Financing | \$5.00 May | |
| 22 City & State | | 27 | | | Trust Fund Contribution Added to Fees | | |
| | _ ′ | | City & State | | 7. Is this nonprofit corporation a homeowners association? X Yes \text{No} No | | |
| 23 Zip | Country | Z ip | Capti | N/ | | | |
| 24 | 25 | 29 | 30 | , | This corporation owes or has paid the c Personal Property Tax due June 30. | urrent year Intang ☐ Yes 22 N | |
| 27 | 9. Name and Address of Curre | | 1301 | | 10. Name and Address of New Registered | | 10 |
| | | | - | Name | | | |
| DECOLA | AMOUAEL C | | | | | | |
| DECOLA, MICHAEL S | | | | Street A | ddress (P.O. Box Number is Not Acceptable) | | |
| 1312 PEPPER TREE PLACE ROCKLEDGE FL 32955 | | | | | | | |
| HOUNLE | DUE FL 32955 | | | <u> </u> | | | |
| | | | | City | F | 85 Zip Coc | Je |
| 11. Pureuent | to the provisions of Sections 617.05 | 02 and 617 1508 Florida Statut | es the | ve-nemed c | corporation submits this statement for the purpose | of changing its re | agintarad |
| office or r | egistered agent, or both, in the State | e of Florida. Such change was a | authoriz | by the corpo | pration's board of directors. I hereby accept the ap | pointment as reg | pistered |
| agent. I a | m familiar with, and accept the oblig | gations of, Section 617.0503, Fig | orida St | 98. | | | |
| SIGNATURE | Signature, typed or printed name of registered ag | and side d englishing (NOT | E: Registe | ant singet up of | equired when reinstaling) DATE | | |
| 12. | | ID DIRECTORS | 12 | John William II | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTORS II | N 12 |
| TITLE | O FRANKIN & CARMY | DELETE | 1.1 | | Director . | Change | Addition |
| NAME | - Total Tota | ens L | 1.2 | | Curtis Franklin | Tr | |
| STREET ADORESS | 1309 PEPPER TREE PL | Director | | T ADDRESS | 1309 Pepper Tree Pl. | | |
| CITY-ST-ZIP | ROCKLEDGE FL | | | ST-ZIP | Rockledge, FL 32955 | | |
| TITLE | DS _ | ☐ DELETE | 2.1 | | Treasurer | Change | Addition |
| NAME | DINSON, ALPHONSO | Moule | 2.2 | | Linda South | 1 | |
| STREET ADDRESS | 1310 PEPPER TREE PL | • | 2.3 | T ADDRESS | 1310 Reportree PL. | | |
| CITY-ST-ZIP | ROCKLEDGE FL | | 2,4 | ST-ZIP | Rockledge, FL 32955 | | |
| TITLE | NTD | DELETE | 3.1 | | President - | Change | Addition |
| NAME | DECOLA, S. MICHAEL | Resident | 3.2 | | S. Michael DeCola | ^ | |
| STREET ADDRESS | 1312 PEPPER TREE PL | -Eali | 3.3 | FADORESS | 1312 Pepper Tree PL. | | |
| CITY-ST-ZIP | ROCKLEDGE FL | - 300 | 3.4 | ST-ZIP | Rockledge, FL 32955 | , | |
| TITLE | D (4) | DELETE | 4.1 | | Director | Change [| Addition |
| NAME | MCNALLY, STEVE |) president | 4.3 | ļ | Norbert Christoph | , | |
| STREET ADDRESS | 1311 PEPPER TREE PLACE | cheistoph | 4.3 | ADDRESS | 1311-Repper Tree PL. | | |
| CITY-ST-ZIP | ROCKLEDGE FL | CHESTAN | 4.4 | T-ZIP | Rockledge, FL 32955 | | |
| TITLE | · · · · · · · · · · · · · · · · · · · | ☐ DELETE | 5.1 | | J | ☐ Change ☐ | Addition |
| NAME | | | 5.2 | | | | ľ |
| STREET ADDRESS | | | 5.3 | adoress | | | |
| CITY-ST-ZIP | | | 5.3 | i - 21P | | | |
| TITLE | | ☐ DELETE | B.* | | | ☐ Change | Addition |
| NAME | | | 6.5 | | | | |
| STREET ADDRESS | | | 6. | LODRESS | | | |
| CITY-ST-ZIP | | | 6. | - Z1P | | | i |
| 14. I hereby | certify that the information supplied | with this filing does not qualify for | or the | | in Section 119.07(3)(i), Florida Statutes. I further of | | |
| indicated on this annual report or supplemental annual report is true and accurate any signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or frustee empowered to execut apport as required by Chapter 617, Florida Statutes; and that my name appears in | | | | | | | |