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**May 04, 1999 8:00 am**  
**Secretary of State**

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002085

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N45933**

1. Corporation Name

**PEPPER WOOD ESTATES HOMEOWNERS ASSOCIATION, INC.**

4 7 2 7  
 477217 - 90049 - 30

Principal Place of Business

1312 PEPPER TREE PLACE  
 ROCKLEDGE FL 32955  
 US

Mailing Address

1312 PEPPER TREE PLACE  
 ROCKLEDGE FL 32955  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**11/07/1991**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

City & State

City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  DELETE  
 NAME **FRANKLIN, CURTIS**  
 STREET ADDRESS **1309 PEPPER TREE PL**  
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **T**  DELETE  
 NAME **SOUTH, LINDA**  
 STREET ADDRESS **1310 PEPPER TREE PL**  
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **P**  DELETE  
 NAME **DECOLA, S MICHAEL**  
 STREET ADDRESS **1312 PEPPER TREE PL**  
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **NORBERT, CHRISTOPH**  
 STREET ADDRESS **1311 PEPPER TREE PL**  
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: **S. Michael Decola**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/99** **407-632-0267**  
 Date Daytime Phone #

CR2E037 (1/98)