

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45933

1. Entity Name

PEPPER WOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90141 004 ****61.25

Principal Place of Business 1312 PEPPER TREE PLACE ROCKLEDGE FL 32955 US	Mailing Address 1312 PEPPER TREE PLACE ROCKLEDGE FL 32955-4441 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
NOT APPLICABLE	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DECOLA, MICHAEL S
1312 PEPPER TREE PLACE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____
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

TITLE	D <input type="checkbox"/> Delete
NAME	FRANKLIN, CURTIS
STREET ADDRESS	1309 PEPPER TREE PL
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	T <input type="checkbox"/> Delete
NAME	SOUTH, LINDA
STREET ADDRESS	1310 PEPPER TREE PL
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	P <input type="checkbox"/> Delete
NAME	DECOLA, S MICHAEL
STREET ADDRESS	1312 PEPPER TREE PL
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	D <input type="checkbox"/> Delete
NAME	NORBERT, CHRISTOPH
STREET ADDRESS	1311 PEPPER TREE PL
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	ADD Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *R. H. SOUTH* **REQUIRE RENDA H. SOUTH 4-28-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)