

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90022 040 ****61.25

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DOCUMENT # N45933

1. Entity Name
PEPPER WOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 1312 PEPPER TREE PLACE ROCKLEDGE FL 32955 US	Mailing Address 1312 PEPPER TREE PLACE ROCKLEDGE FL 32955 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1310 PEPPER TREE PI Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Rockledge FL 32955	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
Zip 32955	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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 **LINDA SOUTH**
 Street Address (P.O. Box Number is Not Acceptable)
1310 PEPPER TREE PI
 City **Rockledge** **FL** Zip Code **32955**

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 *M. Decola* DATE 4-27-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, CURTIS 1309 PEPPER TREE PL ROCKLEDGE FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDA E. de ZAYAS 1312 PEPPER TREE PLACE ROCKLEDGE FL 32955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SOUTH, LINDA 1310 PEPPER TREE PL ROCKLEDGE FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECOLA, S MICHAEL 1312 PEPPER TREE PL ROCKLEDGE FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORBERT, CHRISTOPH 1311 PEPPER TREE PL ROCKLEDGE FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *M. Decola* DATE 4-27-01 321-504-2060

CR2E037 (10/00)