2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45933

1. Entity Name

SIGNATURE:

PEPPER WOOD ESTATES HOMEOWNERS ASSOCIATION, INC.



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90168 009 ****61.25

Principal Place of Business I312 PEPPER TREE PLACE ROCKLEDGE FL 32955 US		1310 PE	g Address EPPER TREE PLACE EDGE FL 32955			1 40011101 011 011	II BIIND 18120 11100 1111 BIBU ANDI			
2. Principal Place of Business			ing Address							
Suite, Apt. #, etc.			ite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			y & State			4. FEI Number N	OT APPLICABLE		plied For t Applicable	
Zip	Country Zig		Zip Cou		5. Certificate			8.75 Add	8.75 Additional	
6. Name and Address of Current R			d Agent		7. Name and Address of New Registered Agent					
					Name					
SOUTH, LINDA 1310 PEPPER TREE PLACE ROCKLEDGE FL 32955					Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the			·		City	•	FL	Zip Code		
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State										
					S TO OFFICERS AND DIR	-07000 11				
TITLE NAME	OFFICERS AND DI PRANKLIN, CURTIS 1309 PEPPER TREE PL	HECTORS	☐ Delete	11. TITLI NAM		ADDITIONS/CHANGE	S TO OFFICERS AND DIN	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	ROCKLEDGE FL 32955				- ST- ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SOUTH, LINDA 1310 PEPPER TREE PL ROCKLEDGE FL 32955		☐ Delete			and the second seco		☐ Change	Addition	
TITLE NAME	DE ZAYAS, LUIS E 1312 PEPPER TREE PL ROCKLEDGE FL 32955		☐ Delete	TITLI NAM STŘE	<u> </u>	,		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORBERT, CHRISTOPH 1311 PEPPER TREE PL ROCKLEDGE FL 32955		□ Delete					☐ Change	Addition	
TITLE NAME Street address City-St-Zip			☐ Delete		- 1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
indicated of the cor	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	s true and lowered to	accurate and that mexecute this report :	ny signa as requi	tura chall hava	the same least offert as I	r made under dath: that I ar	m an officer	or director 1	

CAM SOUTH 4/23/03