2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N97000003159 1. Entity Name 03-03-2006 90108 050 ****61.25 PEPPER TREE VILLAGE ASSOCIATION, INC. Principal Place of Business Mailing Address PEPPER TREE WAY 1250 NINTH STREET NORTH NAPLES FL 34114 **SUITE #211** NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-3452021 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONGILLO & KRAUSE, LLP Street Address (P.O. Box Number is Not Acceptable) 1250 NINTH STREET NORTH SUITE #211 NAPLES FL 34102 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lypnd 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete THLE Change Addition BROUGHAM, PHILLIP NAME NAME STREET ADDRESS 8587 PEPPER TREE WAY STREET ADDRESS NAPLES FL 34114 City-St-78P CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHUTT, JAMES NAME NAME 8561 PEPPER TREE WAY STREET ADDRESS STREET ADDRESS NAPLES FL 34114 CITY-ST-ZIP CITY-S1-ZIP STD Addition ☐ Change TITLE ☐ Delete TITLE VANMETER, MILDRED NAME NAME STREET ADDRESS 8541 PEPPER TREE WAY STREET ADDRESS CITY-ST-7IP NAPLES FL 34114 CITY-ST-ZIF TITLE ☐ Delete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, 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:

Maure

William N. Krause

2/28/06 239-435-3536

FILED

Mar 03, 2006 8:00 am