

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000011765

**Entity Name:** EHD OC PEPPER TOWERS CHARITABLE CORPORATION

**FILED**  
**Jan 20, 2015**  
**Secretary of State**  
**CC6194275638**

**Current Principal Place of Business:**

1580 SAWGRASS CORPORATE PARKWAY  
SUITE 210  
FORT LAUDERDALE, FL 33323-2869

**Current Mailing Address:**

1580 SAWGRASS CORPORATE PARKWAY  
SUITE 210  
FORT LAUDERDALE, FL 33323-2869

**FEI Number: 27-0603036**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            BAHR, MORTON  
Address        2737 DEVONSHIRE PLACE NW #220  
City-State-Zip: WASHINGTON DC 20008

Title            DIRECTOR  
Name            PROTULIS, STEVE  
Address        12536 NW 58TH MANOR  
City-State-Zip: CORAL SPRINGS FL 33076

Title            SECRETARY, DIRECTOR  
Name            CORDONE, MARIA C  
Address        7320 EDMONSTON ROAD  
City-State-Zip: COLLEGE PARK MD 20740

Title            TREASURER, DIRECTOR  
Name            SCHMELZER, ERICA  
Address        1220 N. 74TH TERRACE  
City-State-Zip: HOLLYWOOD FL 33024

Title            DIRECTOR  
Name            FRANSETTA, TONY  
Address        12773 W FOREST HILL BLVD.  
                 SUITE 211  
City-State-Zip: WEST PALM BEACH FL 33414

Title            DIRECTOR  
Name            OLSEN, JOHN  
Address        56 TOWN LINE ROAD  
City-State-Zip: ROCKY HILL CT 06067

Title            VP  
Name            HOLAYTER, WILLIAM  
Address        211 TIPPY TOE TRAIL  
City-State-Zip: ANACONDA MT 59711

Title            DIRECTOR  
Name            DUBOSE, SHERWOOD  
Address        1605 NW 188TH TERRACE  
City-State-Zip: MIAMI GARDENS FL 33169

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MORTON BAHR**

**PRESIDENT**

**01/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date