


2007-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90032 044 ****61.25

DOCUMENT # 721328			
1. Entity Name PIEDMONT CLUB, INC.			
Principal Place of Business 2335 9TH STREET N STE 505 NAPLES FL 34103 US		Mailing Address 2335 9TH STREET N STE 505 NAPLES FL 34103 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GULF VIEW PROPERTY MANAGEMENT INC 2335 9TH ST N SUITE 505 NAPLES FL 34103		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/06)

4. FEI Number **59-1374785** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida 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	PD GELINAS, KAREN 4155 CRAYTON ROAD #106 NAPLES FL 34103 XX Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD Hansen, Holly 4155 Crayton Road #208 Naples, FL 34103 <input type="checkbox"/> Change XX Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD MOORHEAD, KRIS 4155 CRAYTON ROAD # 207 NAPLES FL 34103 XX Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	SD Hipes, Donald 4155 Crayton Road #202 Naples, FL 34103 <input type="checkbox"/> Change XX Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD MCCALLUM, JOHN 4155 CRAYTON RD #210 NAPLES FL 34103 XX Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	TD Bono, Vincent 4155 Crayton Road #209 Naples, FL 34103 <input type="checkbox"/> Change XX 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
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 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: *Donald Hipes* **3/6/07** **239-403-7991**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #