FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N22290** (3)

1. Corporation Name

PIEDMONT PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779

Mailing Address
2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1987
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2866776 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HART JR., JAMES W.
SENTRY MANAGEMENT, INC.
2180 WEST STATE ROAD 434, SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~V~~	1 1 TITLE	VD ☒ Change ☐ Addition
NAME	~~BURTON, TOM~~	1 2 NAME	SMITH, MARIE
STREET ADDRESS	~~1006 WEXHEM BLVD.~~	1 3 STREET ADDRESS	1710 WATERBEACH CT
CITY-ST-ZIP	~~APOPKA FL~~	1 4 CITY-ST-ZIP	APOPKA FL
TITLE	~~TD~~	2 1 TITLE	STD ☒ Change ☐ Addition
NAME	~~SARMIENTO, RICK~~	2 2 NAME	HUGHES, TOM
STREET ADDRESS	~~1005 GRASMERE DR~~	2 3 STREET ADDRESS	2014 PIEDMONT PK BLVD.
CITY-ST-ZIP	~~APOPKA FL~~	2 4 CITY-ST-ZIP	APOPKA FL
TITLE	~~SD~~	3 1 TITLE	PD ☒ Change ☐ Addition
NAME	~~HUGHES, PATRICIA~~	3 2 NAME	BRAZEAU, ROBERT
STREET ADDRESS	~~2014 PIEDMONT PARK BLVD~~	3 3 STREET ADDRESS	2214 GRASMERE DR
CITY-ST-ZIP	~~APOPKA FL~~	3 4 CITY-ST-ZIP	APOPKA FL 32703
TITLE	~~PD~~	4 1 TITLE	☐ Change ☐ Addition
NAME	~~GACH, RICK~~	4 2 NAME	
STREET ADDRESS	~~1801 GRASMERE DR.~~	4 3 STREET ADDRESS	
CITY-ST-ZIP	~~APOPKA FL~~	4 4 CITY-ST-ZIP	
TITLE	~~D~~	5 1 TITLE	☐ Change ☐ Addition
NAME	~~HUGHS, TOM~~	5 2 NAME	
STREET ADDRESS	~~2014 PIEDMONT PK BLVD~~	5 3 STREET ADDRESS	
CITY-ST-ZIP	~~APOPKA FL~~	5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brazeau 3-27-95 679-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #