

FILE NOW: FILING FEE IS \$61.25

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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19497** (9)
1. Corporation Name
PIEDMONT LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business PO BOX 3398 APOPKA FL 32703 US	Mailing Address PO BOX 3398 APOPKA FL 32703-0398 US
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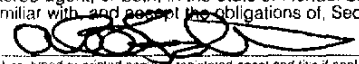
3. Date Incorporated or Qualified 03/03/1987	3a. Date of Last Report 04/10/1996
4. FEI Number 59-2852432	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**LEE, CLAYTON
2443 DODGE CT
APOKA FL 32703**

10. Name and Address of New Registered Agent	
81 Name Alice Forthman	82 Street Address (P.O. Box Number is Not Acceptable) 2437 Dodge Ct.
83 City Apopka	84 State FL
85 Zip Code 32703	

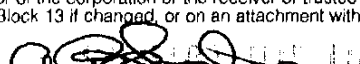
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  **Alice Forthman** 3/17/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PO	LEE, CLAYTON
STREET ADDRESS	2443 DODGE CT
CITY - ST - ZIP	APOPKA FL
TITLE	NAME
TD	FORTHMAN, ALICE
STREET ADDRESS	2437 DODGE CT.
CITY - ST - ZIP	APOPKA FL
TITLE	NAME
D	CARBONELL, ALEX
STREET ADDRESS	898 LAKE JACKSON CIRCLE
CITY - ST - ZIP	APOPKA FL
TITLE	NAME
VD	HALPER, AL
STREET ADDRESS	855 LAKE JACKSON CIRCLE
CITY - ST - ZIP	APOPKA FL
TITLE	NAME
D	HARRIS, KIM
STREET ADDRESS	2417 LAKE MCDADE COURT
CITY - ST - ZIP	APOPKA FL
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
ST/D	Lee, Clayton
1.3 STREET ADDRESS	2443 Dodge Ct.
1.4 CITY - ST - ZIP	Apopka, FL 32703
2.1 TITLE	2.2 NAME
PO	Forthman, Alice
2.3 STREET ADDRESS	2437 Dodge Ct.
2.4 CITY - ST - ZIP	Apopka, FL 32703
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	4.2 NAME
VD	Adams, Lee
4.3 STREET ADDRESS	846 Lake Jackson Circle
4.4 CITY - ST - ZIP	Apopka, FL 32703
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	6.2 NAME
D	Wheeler, Debbie
6.3 STREET ADDRESS	822 Lake Jackson Circle
6.4 CITY - ST - ZIP	Apopka, FL 32703

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Alice Forthman** 3/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012663

CR2E037 (9/96)