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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

DOCUMENT # **N19497** **(9)**

1. Corporation Name

PIEDMONT LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 3398 APOPKA FL 32703 US	PO BOX 3398 APOPKA FL 32703-0398 US

3. Date Incorporated or Qualified: 03/03/1987
3a. Date of Last Report: 04/10/1996

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:

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

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:
84 City: Apopka **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
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	PD	☐ DELETE	1.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	LEE, CLAYTON		1.2 NAME	Lee, Clayton	
STREET ADDRESS	2443 DODGE CT		1.3 STREET ADDRESS	2443 Dodge Ct.	
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	TD	☐ DELETE	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	FORTHMAN, ALICE		2.2 NAME	Forthman, Alice	
STREET ADDRESS	2437 DODGE CT.		2.3 STREET ADDRESS	2437 Dodge Ct.	
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARBONELL, ALEX		3.2 NAME		
STREET ADDRESS	898 LAKE JACKSON CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	V/D	☐ Change ☒ Addition
NAME	HALPER, AL		4.2 NAME	Adams, Lee	
STREET ADDRESS	855 LAKE JACKSON CIRCLE		4.3 STREET ADDRESS	846 Lake Jackson Circle	
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, KIM		5.2 NAME		
STREET ADDRESS	2417 LAKE MCDADE COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Wheeler, Debbie	
STREET ADDRESS			6.3 STREET ADDRESS	822 Lake Jackson Circle	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Apopka, FL 32703	

CR2E037 (9/96)

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 # 0012653