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May 09 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 # N22290 (3)
1. Corporation Name
PIEDMONT PARK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
2180 W. STATE ROAD 434 2180 W. STATE ROAD 434
SUITE 5000 SUITE 5000
LONGWOOD FL 32779 LONGWOOD FL 32779-5044

3. Date Incorporated or Qualified 08/31/1987 3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2866776	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	SMITH, MARIE	1.2 NAME	SMITH, MARIE
STREET ADDRESS	1710 WATERBEACH CT	1.3 STREET ADDRESS	1710 WATERBEACH CT
CITY-ST-ZIP	APOKA FL	1.4 CITY-ST-ZIP	APOKA FL 32703
TITLE	TD	2.1 TITLE	VD
NAME	MUNSCH, DEBRA	2.2 NAME	MUNSCH, DEBRA
STREET ADDRESS	2013 PEIDMONT PARK BLVD	2.3 STREET ADDRESS	2013 PIEDMONT PARK BLVD
CITY-ST-ZIP	APOKA FL	2.4 CITY-ST-ZIP	APOKA FL 32703
TITLE	SD	3.1 TITLE	P
NAME	SIDELINGER, JENNIFER	3.2 NAME	SIDELINGER, JENNIFER
STREET ADDRESS	2019 PEIDMONT PARK BLVD	3.3 STREET ADDRESS	2019 PIEDMONT PARK BLVD
CITY-ST-ZIP	APOKA FL	3.4 CITY-ST-ZIP	APOKA FL 32703
TITLE	VD	4.1 TITLE	SD
NAME	HUGHES, TOM	4.2 NAME	GRAY, CAROL
STREET ADDRESS	2014 PEIDMONT PARK BLVD	4.3 STREET ADDRESS	1741 WATERBEACH CT
CITY-ST-ZIP	APOKA FL	4.4 CITY-ST-ZIP	APOKA FL 32703
TITLE		5.1 TITLE	D
NAME		5.2 NAME	SCHMUCKER, HOMER
STREET ADDRESS		5.3 STREET ADDRESS	2102 GRASMERE DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	APOKA FL 32703
TITLE		6.1 TITLE	
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 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.

CP2E037 (9/96)

4/1/97 4/17 881-3108