

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90106 014 \*\*\*\*61.25

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**DOCUMENT # N22290**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City &amp; State

29 Zip

Country

3. Date Incorporated or Qualified

08/31/1987

4. FEI Number

59-2866776

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ~~XXX~~ DELETE  
NAME SMITH, MARIE  
STREET ADDRESS 1710 WATERBEACH CT  
CITY-ST-ZIP APOPKA FLTITLE PD ~~XXX~~ DELETE  
NAME SANFORD, BRENDA  
STREET ADDRESS 2039 GRASMERE  
CITY-ST-ZIP APOPKA FL 32703TITLE TD ~~XXX~~ DELETE  
NAME ZUREK, DEBBIE  
STREET ADDRESS 213 GRASMERE  
CITY-ST-ZIP APOPKA FL 32703TITLE VD ~~XXX~~ DELETE  
NAME GRAY, CAROL  
STREET ADDRESS 1741 WATERBEACH CT  
CITY-ST-ZIP APOPKA FLTITLE D ~~XXX~~ DELETE  
NAME BARRINEAU, OUIDA  
STREET ADDRESS 1733 WATERBEACH CRT  
CITY-ST-ZIP APOPKA FL 32703TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D ☐ Change ☒ Addition  
1.2 NAME MILLER, DIANE  
1.3 STREET ADDRESS 2061 PIEDMONT PARK BLVD  
1.4 CITY-ST-ZIP APOPKA FL 327032.1 TITLE P/D ☐ Change ☒ Addition  
2.2 NAME BLEDSOE, LINCOLN  
2.3 STREET ADDRESS 1854 GRASMERE DR  
2.4 CITY-ST-ZIP APOPKA FL 327033.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE V/D ☐ Change ☒ Addition  
4.2 NAME ANATUCCIO, BJ  
4.3 STREET ADDRESS 2071 PIEDMONT PARK BLVD  
4.4 CITY-ST-ZIP APOPKA FL 327035.1 TITLE D/D ☒ Change ☒ Addition  
5.2 NAME PARTES, ESTHER  
5.3 STREET ADDRESS 2012 PIEDMONT PARK BLVD  
5.4 CITY-ST-ZIP APOPKA FL 327036.1 TITLE D/D ☐ Change ☒ Addition  
6.2 NAME Beckenstein, Russ  
6.3 STREET ADDRESS 1846 Grasmere Dr  
6.4 CITY-ST-ZIP APOPKA FL 32703

14. I 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99

Date

896-0813

Daytime Phone #

CR2E037 (11/98)