

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90318 018 ****61.25

DOCUMENT # N19497

1. Entity Name

PIEDMONT LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779
US

Mailing Address

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2852432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W. J
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ADAMS, LEE
846 LAKE JACKSON CIR
APOPKA FL 32703 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MELNYK, GERHARD
2505 LAKE JACKSON CIR
APOPKA FL 32703 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WALTHER, IRMA
2423 LAKE MCDADE CT
APOPKA FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SCHMIDT, WILLIS
2432 PIEDMONT LAKES BLVD
APOPKA FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMPSON, GREGORY
2661 LAZY MEADOW LN
APOPKA FL 32703 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
JACKSON, DONALD
1111 BENT WAY CT
APOPKA FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LYNN, JAMES
1222 LAKE PIEDMONT CIR
APOPKA FL 32703 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HALPER, ALBERT
855 LAKE JACKSON
PORTSMOUTH VA 23703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GROSSMAN, MARK
2698 LAKE JACKSON CIR
APOPKA FL 32703 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAREY, PAUL
855 LAKE JACKSON
APOPKA FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/01 407-886-9734

CR2E037 (10/00)

00030684



DO NOT WRITE IN THIS SPACE