2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19497

FILED Mar 04, 2005 Secretary of State

Entity Name: PIEDMONT LAKES HOMEOWNERS ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US FEI Number: 59-2852432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CAMPBELL, MELISA Name: Name: 2434 DODGE CT Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: Title: () Delete Title: () Change () Addition ELMQUIST, BRENDA Name: Name: Address: 1178 CRISPWOOD CT Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition MINER, PEGGY Name: BUNK, MARY Name: 1216 LAKE PIEDMONT CIR Address: 1227 LAKE PIEDMONT CIR Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703 Title: TD () Delete Title: () Change () Addition Name: MCGEE, DAVID Name: 1139 PIEDMONT LAKES BLVD Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: Title: () Delete Title: (X) Change () Addition HALPER, ALBERT HALPER, ALBERT Name: Name: 855 LAKE JACKSON 855 LAKE JACKSON CIR Address: Address: City-St-Zip: APOPKA, FK 32703 City-St-Zip: APOPKA, FK 32703 Title: () Delete Title: (X) Change () Addition MCGEE JENNY JOBMAN, LINDA Name: Name: Address: 1139 PIEDMONT LAKES BLVD Address: 896 LAKE JACKSON CIR APOPKA, FL 32703 APOPKA, FL 32703 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISA CAMPBELL PD 03/04/2005