

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90081 030 \*\*\*\*61.25

**DOCUMENT # N93000005781**

1. Entity Name  
**PIEDMONT PLACE OWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**LOWE, GEORGE M.  
P O BOX 3034  
FT WALTON BCH, FL 32547 US**

Mailing Address  
**P O BOX 3034  
FT WALTON BCH, FL 32547 US**



02182005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3234462**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CUSHING, KAY A  
901 PIEDMONT PL. 4  
FT WALTON BCH, FL 32547**

Name **Jaima P. Hecomovich**  
Street Address (P.O. Box Number is Not Acceptable)  
**905 Piedmont Place Unit 2**  
**Ft. Walton Beach, FL**  
City **FL** Zip Code **32547**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**13 Mar 05**

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **CUSHING, KAY A**  
STREET ADDRESS **904 PIEDMONT PLACE 4**  
CITY-ST-ZIP **FT WALTON BCH, FL 32547**

TITLE **D** ☐ Change ☒ Addition  
NAME **JAIMA P. HEOMOVICH**  
STREET ADDRESS **905 PIEDMONT PLACE UNIT 2**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **D** ☒ Delete  
NAME **LANKFORD, JAMES H**  
STREET ADDRESS **905 PIEMONT PLACE 4**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **D** ☐ Change ☒ Addition  
NAME **JAMES DIXON**  
STREET ADDRESS **905 PIEDMONT PL UNIT 6**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **D** ☐ Delete  
NAME **LOWER, PAMELA**  
STREET ADDRESS **905-3 PIEDMONT PL.**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **D** ☒ Change ☐ Addition  
NAME **LOWE, Pamela**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**13 Mar 05**

Date

**883-8401**

Daytime Phone #