

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90076 001 ****61.25

DOCUMENT # N19497

1. Entity Name

PIEDMONT LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

PREMIER COMMUNITY MANAGERS
5151 ADANSON ST, SUITE 103
ORLANDO FL 32804
US

Mailing Address

PREMIER COMMUNITY MANAGERS
5151 ADANSON ST, SUITE 103
ORLANDO FL 32804
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

PREMIER COMMUNITY MANAGERS
5151 ADANSON ST
SUITE 103
ORLANDO FL 32804

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. 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

3-8-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

| | | |
|----------------|--|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | FORTHMAN, ALICE | |
| STREET ADDRESS | 2437 DODGE CT | |
| CITY- ST- ZIP | APOPKA FL 32703 | |
| TITLE | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Delete |
| NAME | ELMQUIST, BRENDA | |
| STREET ADDRESS | 1178 CRISPWOOD CT | |
| CITY- ST- ZIP | APOPKA FL 32703 | |
| TITLE | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Delete |
| NAME | PRATT, JANIS | |
| STREET ADDRESS | 2391 PIEDMONT LAKE BLVD | |
| CITY- ST- ZIP | APOPKA FL 32703 | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | MCGEE, DAVID | |
| STREET ADDRESS | 1139 PIEDMONT LAKES BLVD | |
| CITY- ST- ZIP | APOPKA FL 32703 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | HALPER, ALBERT | |
| STREET ADDRESS | 855 LAKE JACKSON CIR | |
| CITY- ST- ZIP | APOPKA FL 32703 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOBMAN, LINDA | |
| STREET ADDRESS | 896 LAKE JACKSON CIR | |
| CITY- ST- ZIP | APOPKA FL 32703 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Fernando Soto | |
| STREET ADDRESS | 1191 Crispwood Ct | |
| CITY- ST- ZIP | Apopka FL 32703 | |
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

JANIS M. PRATT 3/14/07 407-246-8457

Date

Daytime Phone #