

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000442

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** PIEDMONT POINT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4895 COUNTY ROAD 134-B  
WILDWOOD, FL 34785

**New Principal Place of Business:**

**Current Mailing Address:**

4895 COUNTY ROAD 134-B  
WILDWOOD, FL 34785

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STUMBORG, MAX  
4895 COUNTY ROAD 134-B  
WILDWOOD, FL 34785 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: STUMBORG, MAX  
Address: 4895 COUNTY ROAD 134-B  
City-St-Zip: WILDWOOD, FL 34785

Title: SEC ( ) Delete  
Name: HAY, MARY  
Address: 4940 COUNTY ROAD 134-B  
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete  
Name: OLIVER, MONA C  
Address: 4905 COUNTY ROAD 134-B  
City-St-Zip: WILDWOOD, FL 34785

Title: TREA ( ) Delete  
Name: ERWIN, LINDA  
Address: 4920 COUNTY ROAD 134 B  
City-St-Zip: WILDWOOD, FL 34785

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PAISLEY, RON  
Address: 4915COUNTY ROAD 134-B  
City-St-Zip: WILDWOOD, FL 34785

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LINDA ERWIN

TREA

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date