2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N93000005781

Entity Name: PIEDMONT PLACE OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O O'SULLIVAN CREEL
45 NE BEAL PKWY
FT WALTON BCH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

C/O O'SULLIVAN CREEL
POST OFFICE BOX 1600
FT. WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-3234462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWE, PAMELA
905-3 PIEDMONT PLACE
FT WALTON BCH, FL 32547 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: D ( ) Delete
Name: LOWE, PAMELA
Address: 905-3 PIEDMONT PL.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D ( ) Delete
Name: PRYCE, CHRISTOPHER
Address: 905-2 PIEDMONT PLACE
City-St-Zip: FT WALTON BCH, FL 32547 US

Title: D ( ) Delete
Name: DIXON, JAMES
Address: 905-6 PIEDMONT PLACE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PAMELA LOWE D 04/23/2009

Electronic Signature of Signing Officer or Director — Date