I hereby 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 all other like empowered.

SIGNATURE: CINDY M MILLS

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N0000000442

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

#### **Current Principal Place of Business:**

4950 COUNTY ROAD 134-B WILDWOOD, FL 34785

# **Current Mailing Address:**

4950 COUNTY ROAD 134-B WILDWOOD, FL 34785

# **FEI Number: NOT APPLICABLE**

# Name and Address of Current Registered Agent:

MCKEOGH, ROXANNE 4950 COUNTY ROAD 134-B WILDWOOD, FL 34785 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

## **Officer/Director Detail :**

Title	PD	Title	SEC
Name	MCKEOGH, ROXANNE	Name	MILLS, CINDY M
Address	4950 COUNTY ROAD 134-B	Address	4940 COUNTY ROAD 134-B
City-State-Zip:	WILDWOOD FL 34785	City-State-Zip:	WILDWOOD FL 34785
Title	VP	Title	TREA
Title Name	VP SWANSON, PAUL	Title Name	TREA MILLS, CINDY M

SEC-TREAS

04/29/2014

FILED Apr 29, 2014 Secretary of State CC4671302242

Date

Certificate of Status Desired: No

Date