


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000442 1. Entity Name PIEDMONT POINT HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 4895 COUNTY ROAD 134-B WILDWOOD, FL 34785	Mailing Address 4895 COUNTY ROAD 134-B WILDWOOD, FL 34785
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DO NOT WRITE IN THIS SPACE



04042005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STUMBORG, MAX 4895 COUNTY ROAD 134-B WILDWOOD, FL 34785	DO NOT WRITE IN THIS SPACE
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STUMBORG, MAX 4895 COUNTY ROAD 134-B WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STUMBORG, MINNIE RUTH 4895 COUNTY ROAD 134-B WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, MONA C 4905 COUNTY ROAD 134-B WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Max Stumborg **4-4-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #