FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19497 (9)

1. Corporation Name
PIEDMONT LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 3398 APOPKA FL 32703 US	PO BOX 3398 APOPKA FL 32703 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1987
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2852432 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LEE, CLAYTON
2443 DODGE CT
APOKA FL 32703

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	LEE, CLAYTON	1.2 NAME		
STREET ADDRESS	2443 DODGE CT	1.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	T/D	☒ Change ☐ Addition
NAME	MORRELL, TERRI	2.2 NAME	Forthman, Alice	
STREET ADDRESS	2432 DEERMEADOW DRIVE	2.3 STREET ADDRESS	2437 Dodge Ct.	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	Apopka, Fl 32703	
TITLE	VD	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	ANDUSON, ROBERT	3.2 NAME	Anderson, Robert	
STREET ADDRESS	2661 LAZY MEADOW LANE	3.3 STREET ADDRESS	←(SAME)	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	GIBBS, DAVID	4.2 NAME		
STREET ADDRESS	2637 NOVA DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HALPER, AL	5.2 NAME		
STREET ADDRESS	805 LAKE JACKSON CIR	5.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MOON, BILL	6.2 NAME	MOON, BILL	
STREET ADDRESS	2419 LAKE MCDADE CT	6.3 STREET ADDRESS	←(SAME)	
CITY-ST-ZIP	APOPKA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clayton J. Lee, Pres. 3/12/95 (407) 872-7301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000080