FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 03/03/1987

3a. Date of Last Report: 03/23/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	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	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FORTHMAN, ALICE		2.2 NAME		
STREET ADDRESS	2437 DODGE CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ANDERSON, ROBERT		3.2 NAME	March, Bob	
STREET ADDRESS	2661 LAZY MEADOW LANE		3.3 STREET ADDRESS	902 Freshmeadow Court	
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	GIBBS, DAVID		4.2 NAME	Carbonell, Alex	
STREET ADDRESS	2637 NOVA DRIVE		4.3 STREET ADDRESS	898 Lake Jackson Circle	
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	D	☐ DELETE	5.1 TITLE	V/D	☒ Change ☐ Addition
NAME	HALPER, AL		5.2 NAME	Halper, Al	
STREET ADDRESS	805 LAKE JACKSON CIR		5.3 STREET ADDRESS	855 Lake Jackson Circle	
CITY-ST-ZIP	APOPKA FL		5.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	MOON, BILL		6.2 NAME	Harris, Kim	
STREET ADDRESS	2419 LAKE MCDADE CT		6.3 STREET ADDRESS	2417 Lake McDade Court	
CITY-ST-ZIP	APOPKA FL		6.4 CITY-ST-ZIP	Apopka, FL 32703	

CR2E037 (12/95)

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)(k), 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 3/22/96 872-2801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #