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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19497 (9)
1. Corporation Name
PIEDMONT LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business PO BOX 3398 APOPKA FL 32703 US	Mailing Address PO BOX 3398 APOPKA FL 32703-0398 US
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3. Date Incorporated or Qualified 03/03/1987	3a. Date of Last Report 04/10/1996
4. FEI Number 59-2852432	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 Alice Forthman	
82 Street Address (P.O. Box Number is Not Acceptable) 2437 Dodge Ct.	
83	
84 City Apopka	85 Zip Code FL 32703

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  **Alice Forthman** **3/17/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	LEE, CLAYTON
STREET ADDRESS	2443 DODGE CT
CITY-ST-ZIP	APOPKA FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	FORTHMAN, ALICE
STREET ADDRESS	2437 DODGE CT.
CITY-ST-ZIP	APOPKA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CARBONELL, ALEX
STREET ADDRESS	898 LAKE JACKSON CIRCLE
CITY-ST-ZIP	APOPKA FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	HALPER, AL
STREET ADDRESS	855 LAKE JACKSON CIRCLE
CITY-ST-ZIP	APOPKA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HARRIS, KIM
STREET ADDRESS	2417 LAKE MCDADE COURT
CITY-ST-ZIP	APOPKA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	STT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lee, Clayton
1.3 STREET ADDRESS	2443 Dodge Ct.
1.4 CITY-ST-ZIP	Apopka, FL 32703
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Forthman, Alice
2.3 STREET ADDRESS	2437 Dodge Ct.
2.4 CITY-ST-ZIP	Apopka, FL 32703
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Adams, Lee
4.3 STREET ADDRESS	846 Lake Jackson Circle
4.4 CITY-ST-ZIP	Apopka, FL 32703
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Wheeler, Debbie
6.3 STREET ADDRESS	822 Lake Jackson Circle
6.4 CITY-ST-ZIP	Apopka, FL 32703

14. I do hereby certify that the information supplied with this filing 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:  **Alice Forthman** **3/17/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012663

CR2E037 (9/96)