


FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified 03/03/1987
4. FEI Number 59-2852432
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 2180 WEST SR 434 Suite, Apt. #, etc. 22 SUITE 5000 City & State 23 LONGWOOD FL Zip 24 32779	2a. Mailing Address 26 2180 WEST SR 434 Suite, Apt. #, etc. 27 SUITE 5000 City & State 28 LONGWOOD FL Zip 29 32779
Country 25 US	Country 30 US

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

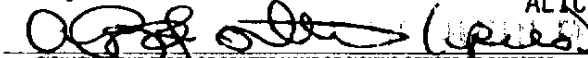
9. Name and Address of Current Registered Agent FORTHMAN, ALICE 2437 DODGE CT APOPKA FL 32703	10. Name and Address of New Registered Agent 81 Name JAMES W. HART, JR. 82 Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT, INC. 83 2180 WEST SR 434, SUITE 5000 84 City LONGWOOD FL 85 32779
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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  **JAMES W. HART, JR.** DATE **2/3/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEE, CLAYTON 2443 DODGE CT APOPKA FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VD FARMER, TOM 2441 BENT WAY CT APOPKA FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORTHMAN, ALICE 2437 DODGE CT. APOPKA FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBONELL, ALEX 898 LAKE JACKSON CIRCLE APOPKA FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	STD WALTHER, IRMA 2423 LAKE MCDADE CT APOPKA FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, LEE 848 LAKE JACKSON CIRCLE APOPKA FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D PFISTER, MONICA 1050 PIEDMONT LAKES BLVD APOPKA FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, KIM 2417 LAKE MCDADE COURT APOPKA FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D ST CLAIR, DEBRA 2432 PIEDMONT LAKES BLVD APOPKA FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, DEBBIE 822 LAKE JACKSON CIRCLE APOPKA FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D HARTSHORN, TOM 892 LAKE JACKSON CIR APOPKA FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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** 2/24/98 895-7668

CR2E037 (10/97)