


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90053 004 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N19497</b>					
1. Corporation Name <b>PIEDMONT LAKES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779 US			Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/03/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2852432	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HART, JAMES W. J SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FARMER, TOM			1.2 NAME	MORRELL, STUART		
STREET ADDRESS	2441 BENT WAY CT			1.3 STREET ADDRESS	2432 DEERMEADOW DR		
CITY-ST-ZIP	APOPKA FL			1.4 CITY-ST-ZIP	APOPKA FL 32703		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	STD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTHER, IRMA			3.2 NAME			
STREET ADDRESS	2423 LAKE MC DADE CT			3.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32703			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PFISTER, MONICA			4.2 NAME			
STREET ADDRESS	1050 PIEDMONT LAKES BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32703			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ST CLAIR, DEBRA			5.2 NAME			
STREET ADDRESS	2432 PIEDMONT LAKES BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32703			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTSHORN, TOM			6.2 NAME			
STREET ADDRESS	892 LAKE JACKSON CIR			6.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32703			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *IRMA WALTHER* **IRMA WALTHER STD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)