2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State
02-15-2006 90027 009 ****61.25

DOCUMENT # N19497

1. Entity Name
PIEDMONT LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US	2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

Premier Community Managers
5151 Adanson St Suite 103
Orlando, FL 32804

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5151 Adanson St Suite 103
Orlando, FL 32804

02012006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2852432
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Premier Community Managers
5151 Adanson St Suite 103
Orlando, FL 32804

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gary Horne 2-2-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☑ Delete	TITLE	ALICE FORTHMAN	☐ Change ☑ Addition
NAME	CAMPBELL, MELISA		NAME		
STREET ADDRESS	2434 DODGE CT		STREET ADDRESS	2437 Dodge Ct.	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA FL 32703	
TITLE	~~VPD~~ D	☐ Delete	TITLE	DS	☐ Change ☑ Addition
NAME	ELMQUIST, BRENDA		NAME	JANIS PRATT	
STREET ADDRESS	1178 CRISPWOOD CT		STREET ADDRESS	2391 PIEDMONT LAKES BLVD	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA FL 32703	
TITLE	SD	☑ Delete	TITLE	D	☐ Change ☑ Addition
NAME	BUNK, MARY		NAME	BRIGIT ZAMORA	
STREET ADDRESS	1216 LAKE PIEDMONT CIR		STREET ADDRESS	864 LAKE JACKSON CIR.	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA FL 32703	
TITLE	~~VP~~ DV	☐ Delete	TITLE	D	☐ Change ☑ Addition
NAME	MCGEE, DAVID		NAME	IRMA WALTHER	
STREET ADDRESS	1139 PIEDMONT LAKES BLVD		STREET ADDRESS	2423 LAKE MCDADE CT	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HALPER, ALBERT		NAME		
STREET ADDRESS	855 LAKE JACKSON CIR		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FK 32703		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOBMAN, LINDA		NAME		
STREET ADDRESS	896 LAKE JACKSON CIR		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 2/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #