2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N19497

Entity Name: PIEDMONT LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PREMIER COMMUNITY MANAGERS
5151 ADANSON ST, SUITE 103
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

PREMIER COMMUNITY MANAGERS
5151 ADANSON ST, SUITE 103
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-2852432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PREMIER COMMUNITY MANAGERS
5151 ADANSON ST
SUITE 103
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SOTO, FERNANDO
Address: 1191 CRISPWOOD CT
City-St-Zip: APOPKA, FL 32703

Title: DV ( ) Delete
Name: RICHARDSON, SHARON
Address: 1060 PIEDMONT LAKES BLVD
City-St-Zip: APOPKA, FL 32703

Title: PD ( ) Delete
Name: PRATT, JANIS
Address: 2391 PIEDMONT LAKE BLVD
City-St-Zip: APOPKA, FL 32703

Title: DT ( ) Delete
Name: HALPER, ALBERT
Address: 855 LAKE JACKSON CIR
City-St-Zip: APOPKA, FK 32703

Title: D (X) Delete
Name: JOBMAN, LINDA
Address: 896 LAKE JACKSON CIR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: JOBMAN, LINDA
Address: 896 LAKE JACKSON CIR
City-St-Zip: APOPKA, FL 32703

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON RICHARDSON VP 04/13/2009

Electronic Signature of Signing Officer or Director — Date