

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # N22290 (3)**  
1. Corporation Name  
**PIEDMONT PARK HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>2180 W. STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779</b>	Mailing Address <b>2180 W. STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779</b>
---	---

<b>21</b> Principal Place of Business Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a</b> Mailing Address Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
--	--

**3. Date Incorporated or Qualified**  
**06/31/1987**

**4. FEI Number**  
**59-2866776**

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

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

**7. Is this nonprofit corporation a homeowners association?** ☒ Yes ☐ No

**8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.** ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

**HART JR., JAMES W.  
SENTRY MANAGEMENT, INC.  
2180 WEST STATE ROAD 434, SUITE 5000  
LONGWOOD FL 32779**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

**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

<b>12. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, MARIE</b> <b>1710 WATERBEACH CT</b> <b>APOPKA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MUNSCH, DEBRA</b> <b>2013 PEIDMONT PARK BLVD</b> <b>APOPKA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SIDELINGER, JENNIFER</b> <b>2019 PEIDMONT PARK BLVD</b> <b>APOPKA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GRAY, CAROL</b> <b>1741 WATERBEACH CT</b> <b>APOPKA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHMUCKER, HOMER</b> <b>2102 GRASMERE DR.</b> <b>APOPKA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>SD</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>PD SANFORD, BRENDA</b> <b>2039 GRASMERE</b> <b>APOPKA F; 32703</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>TD ZUREK, DEBBIE</b> <b>2213 GRASMERE</b> <b>APOPKA FL 32703</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>VD</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D BARRINEAU, OUIDA</b> <b>1733 WATERBEACH CRT</b> <b>APOPKA FL 32703</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.**

**SIGNATURE:** *Carol E. Gray* **CAROL E. GRAY**

*3/13/98*

CR2E037 (10/97)