

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22290

1. Entity Name

PIEDMONT PARK HOMEOWNERS' ASSOCIATION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90067 045 ****61.25

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|---|--|
| Principal Place of Business 2180 W. STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779 | Mailing Address 2180 W. STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779-5042 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-2866776 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 6. Name and Address of Current Registered Agent HART JR., JAMES W. SENTRY MANAGEMENT, INC. 2180 WEST STATE ROAD 434, SUITE 5000 LONGWOOD FL 32779 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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

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| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MILLER, DIANE 2061 PIEDMONT PARK BLVD APOPKA FL 32703 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DOUGLAS, JIM 1749 WATERBEACH CT APOPKA FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BLEDSE, LINCOLN 1854 GRASMERE DRIVE APOPKA FL 32703 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BIRKHEAD, PAT 1809 WETHAM BLVD APOPKA FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ANATUCCIO, BJ 2071 PIEDMONT PARK BLVD APOPKA FL 32703 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD PARTES, ESTHER 2012 PIEDMONT PARK BLVD APOPKA FL 32703 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LANFEAR, MARIE 1880 PIEDMONT PARK BLVD APOPKA FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD BECKENSTEIN, RUSS 1846 GRASMERE DRIVE APOPKA FL 32703 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AYERS, ANDREA 1941 GRASMERE DR APOPKA FL 32703 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BARRETT, SANDY JERECZEK 2023 GRASMERE DR APOPKA FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *BJ Anatuccio* 2/1/00 838-8573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: BJ Anatuccio President Date: _____ Daytime Phone #: _____

CR2E037 (9/99)