2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90317 022 ****61.25

DOCUMENT # N22290

1. Entity Name

PIEDMONT PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 W. STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779	2180 W. STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779

U0030629

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2866776 ☐ 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
HART JR., JAMES W. SENTRY MANAGEMENT, INC. 2180 WEST STATE ROAD 434, SUITE 5000 LONGWOOD FL 32779	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 BIRKHEAD, PAT 1809 WETHAM BLVD APOPKA FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HANSEN, RICK 1917 PIEDMONT PK BLVD APOPKA FL 32703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DOUGLAS, JIM 1749 WATERBEACH CT APOPKA FL 32703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MUNCH, DEBBIE 2013 PIEDMONT PK BLVD APOPKA FL 32703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANATUCCIO, BJ 2071 PIEDMONT PARK BLVD APOPKA FL 32703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LANFEAR, MARIE 1880 PEIDMONT PARK BLVD APOPKA FL 32703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, MARIE 1710 WATERBEACH CT APOPKA FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARRETT, SANDY J 2023 GRASMERE DR APOPKA FL 32703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #