## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## May 14, 2003 8:00 am Secretary of State 04-28-2003 90219 049 \*\*\*\*61.25

	100
--	-----

٦

DOCUMENT # N22290  1. Entity Name PIEDMONT PARK HOMEOWNERS' ASSOCIATION, INC.							)4-28-2003 9	00219 04	<b>1</b> 9 ****6	1.25	
Principal Plac	ce of Business	Mailing Address			უვცვას ი					ſ	
2180 W. STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779		2180 W. STATE ROAD 434 SUITE 5000 LONGWOOD FL 32778			 						
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Star	de	City & State			35-2000110				oplied For ot Applicable	]	
Zip	Country	Zip	Cou	ntry		5. Certificate of Status D		□ <b>\$</b>	8.75 Add ee Require	ditional d	7
	6. Name and Address of Current I	tegistered Agent				7. Name and Add	ress of New Reg	istered Ap	jent		7
<b></b>	د منتقد المنظام <del>فاحيطينية و روايد والماردة ال</del>			Name	-	- ~~-		ر جد پيد		ا نيد	1
SENTRY	., JAMES W. MANAGEMENT, INC. ST STATE ROAD 434, SUITE 5000		Street Address (			P.O. Box Number is I					7
	OOD FL 32779			City					Zip Cod		4
				- City				. FL	ZIP COO	<b>U</b> -	1
SIGNATURE	Signature, typed or printed name of registered agent a  FILE NOW: FEE IS \$61.25  OFFICERS AND DIR	9. Election Camp Trust Fund Co	aign Fi	nancing		when reinstating) \$5.00 May Be Added to Fees DDITIONS/CHANG	Florida	Check I Departn	ent of S	State	
TITLE	SD	X Delete	TITLE		SD				Change	☐ Addition	1ે8ુ
NAME STREET ADDRESS CITY-ST-ZIP	BRRKHEAD, PAT 1809 WETHAM BLVD APOPKA FL 32703			ti address St-zip	Eym 172	an, Judit 0 Waterbe	each Ct.			•	R2F037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HANSEN, RICK 1917 PIEDMONT PK BLVD APOPKA FL 32703	X Delete			P () Hug 200	pka, Fl. o, Roxann 1 Piedmon	e it Park	•	Change	☐ Addition	CRO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUNCH, DEBBIE 2013 PIEDMONT PK BLVD APOPKA FL 32703	Delete	•		Apo	pka, Pl.	32703	{	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUGO, ROXANNE 2001 PIEDMONT PARK BLVD. APOPKA FL 32703	☐ Dotate			178	th, Pam 9 Waterbe <del>pka, Fl.</del>		[	Change X	Addition	
TITILE Name Street address City-St-Zip		☐ Dalete		T ADDRESS ST-ZIP	VD Thom	mas El 1 Piedmon	ma t Park 1		<b>X</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		T ADDRESS	тро	pka, Fl.	32103	C	Change	Addition	

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 attachmen with an articless, with all other like empowered.

MATURE AND TYPEDGA PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2003 407-886-5808

Davime Phone \*