

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90003 019 ****61.25

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1. Entity Name
PIEDMONT PLACE OWNER'S ASSOCIATION, INC.



Principal Place of Business
LOWE, GEORGE M.
P O BOX 3034
FT WALTON BCH, FL 32547 US

Mailing Address
P O BOX 3034
FT WALTON BCH, FL 32547 US

54024382



03182004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3234462

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CUSHING, KAY A
901 PIEDMONT PL. 4
FT WALTON BCH, FL 32547

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUSHING, KAY A
STREET ADDRESS	904 PIEDMONT PLACE 4
CITY-ST-ZIP	FT WALTON BCH, FL 32547
TITLE	D
NAME	LANKFORD, JAMES H
STREET ADDRESS	905 PIEMONT PLACE 4
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	D
NAME	LOWE, PAMELA
STREET ADDRESS	905-3 PIEDMONT PL.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Pamela H. Lowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-04
Date

850.862.3375
Daytime Phone #