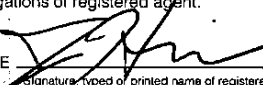
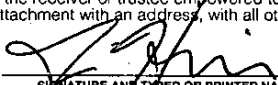


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90081 030 ****61.25

DOCUMENT # N93000005781 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		
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 59-3234462			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		
CUSHING, KAY A 901 PIEDMONT PL. 4 FT WALTON BCH, FL 32547			Name Jaima P. Hecomovich Street Address (P.O. Box Number is Not Acceptable) 905 Piedmont Place Unit 2 Ft. Walton Beach, FL City FL Zip Code 32547		
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  DATE 13 Mar 05 (Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUSHING, KAY A 904 PIEDMONT PLACE 4 FT WALTON BCH, FL 32547	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAIMA P. HECONOVICH 905 PIEDMONT PLACE UNIT 2 FORT WALTON BEACH FL 32547	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANKFORD, JAMES H 905 PIEMONT PLACE 4 FORT WALTON BEACH, FL 32547	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES DIXON 905 PIEDMONT PL UNIT 6 FORT WALTON BEACH FL 32547	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWER, PAMELA 905-3 PIEDMONT PL. FORT WALTON BEACH, FL 32547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOWE, Pamela	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 attachment with an address, with all other like empowered.					
SIGNATURE: 			13 Mar 05 883-8401 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					