



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90006 045 ****61.25

DOCUMENT # 749484 1. Entity Name PIEDMONT "G" ASSOCIATION, INC.					
Principal Place of Business C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US			Mailing Address C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US		
2. Principal Place of Business WILSON LANDSCAPING & MGMT CORP Suite, Apt. #, etc. 1315 NW 8TH STREET City & State BOYNTON BEACH, FL Zip 33426 Country USA		3. Mailing Address WILSON LANDSCAPING & MGMT CORP Suite, Apt. #, etc. 1315 NW 8TH STREET City & State BOYNTON BEACH, FL Zip 33426 Country USA			
03112006 Chg-NP CR2E037 (11/05)				4. FEI Number 59-2029123	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BERNSTEIN, ARNIE 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name WILSON, DANNY Street Address (P.O. Box Number is Not Acceptable) 1315 NW 8th St. City BOYNTON BEACH FL Zip Code 33426		
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 <i>Danny Wilson</i> DATE <i>3/13/2006</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD WESSLER, MARK 299 PIEDMONT G DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESSLER, MARK 299 PIEDMONT G DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENNIN, SOL 306 PIEDMONT G DELRAY BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNSTEIN, JACK L. 299 PIEDMONT G DELRAY BEACH, FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, MOLLY KINGS PT. PIEDMONT G 308 DELRAY BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAGUIRE, EDWIN 292 PIEDMONT G DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, ROSE 594 PIEDMONT G DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNIN, DORIS 306 PIEDMONT G DELRAY BEACH, FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGUIRE, EDWIN 292 PIEDMONT G DELRAY BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNSTEIN, MARTHA 289 PIEDMONT G DELRAY BCH, FL	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jack L. Bernstein</i> PRES.			3/14/06 (56) 499-8293		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE DAYTIME PHONE #</small>		