


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90017 006 ****61.25

DOCUMENT # 749484

1. Entity Name
PIEDMONT "G" ASSOCIATION, INC.



Principal Place of Business
WILSON LANDSCAPING & MGMT CORP
1315 NW 8TH STREET
BOYNTON BEACH, FL 33426 US

Mailing Address
WILSON LANDSCAPING & MGMT CORP
1315 NW 8TH STREET
BOYNTON BEACH, FL 33426 US

2. Principal Place of Business - No P.O. Box #
15300 Jog Road

3. Mailing Address
P.O. Box 244464

Suite, Apt. #, etc.
Suite # 109

City & State
Delray Beach, FL

City & State
Boynton Beach, FL

Zip
33446

Country
USA

Zip
33424-4464

Country
USA



03052007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
WILSON, DANNY
1315 NW 8TH ST
BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent

Name
Danny Wilson, Wilson Management

Street Address (P.O. Box Number is Not Acceptable)
15300 Jog Road, Suite # 109

City
Delray Beach

State
FL

Zip Code
33446

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 *Danny Wilson* **Danny Wilson** **3/13/2007**

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, 2007

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESSLER, MARK 299 PIEDMONT 6 DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNSTEIN, JACK 289 PIEDMONT G DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAGUIRE, EDWIN 292 PIEDMONT G DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNSTEIN, MARTHA 289 PIEDMONT G DELRAY BCH, FL BEACH, FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. BROWN, MOLLY 308 PIEDMONT G DELRAY BEACH, FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIMACK, SHEILA 301 PIEDMONT G DELRAY BEACH, FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jack L. Bernstein* **3/9/07 (561) 499-8293**

Signature and typed or printed name of signing officer or director Date Daytime Phone #