


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90041 046 \*\*\*\*61.25

<b>DOCUMENT # 749489</b>					
1. Entity Name PIEDMONT "L" ASSOCIATION, INC.					
Principal Place of Business 1315 NW 8TH ST. BOYNTON BEACH, FL 33426 US			Mailing Address 1315 NW 8TH ST. BOYNTON BEACH, FL 33426 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILSON, DANNY 1315 NE 8TH STREET BOYNTON BEACH, FL 33426				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees <input type="checkbox"/> Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SAIEWITZ, DANIEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZBERG, WILLY		NAME	530 Piedmont L	(P)
STREET ADDRESS	569 PIEDMONT L		STREET ADDRESS	Delray Beach, FL 33484	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	CHASEN, FRAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAIEWITZ, SONDR		NAME	576 PIEDMONT L	(D)
STREET ADDRESS	530 PIEDMONT L		STREET ADDRESS	DELRAY BEACH, FL 33484	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SMOLOKOFF, JEFF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GELLER, JANET		NAME	567 Piedmont L	(D)
STREET ADDRESS	532 PIEDMONT L		STREET ADDRESS	Delray Beach, FL 33484	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	BRAVER, EDWARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVER, EDWARD		NAME	562 PIEDMONT L	(VP)
STREET ADDRESS	562 PIEDMONT L		STREET ADDRESS	Delray Beach, FL 33484	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	REISCH, JOSEPH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAIEWITZ, DANIEL		NAME	508 Piedmont L	(D)
STREET ADDRESS	530 PIEDMONT L		STREET ADDRESS	Delray Beach, FL 33484	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Daniel Saiewitz</i> DANIEL SAIEWITZ, Pres.			Date: 1/11/06		Daytime Phone #: 561-637-3369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #