


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-23-2007 90017 005 ****61.25

DOCUMENT # 749489

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 - No P.O. Box #
**15300 Jog Road
 Suite, Apt. #, etc.
 Suite # 109**

3. Mailing Address
**P.O. Box 244464
 Suite, Apt. #, etc.**

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 NE 8TH STREET
 BOYNTON BEACH, FL 33426**

4. FEI Number
59-2039756

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Danny Wilson, Wilson Management

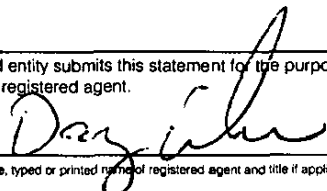
Street Address (P.O. Box Number is Not Acceptable)
15300 Jog Road, Suite # 109

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** **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	P SAIEWITZ, DANIEL 530 PIEDMONT L DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SA SAIEWITZ, SONDR 530 PIEDMONT L DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JA GELLER, JANET 532 PIEDMONT L DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAVER, EDWARD 562 PIEDMONT L DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAIEWITZ, DANIEL 530 PIEDMONT L DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASEN, FRAN 576 PIEMONT L DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smolokoff, Jeff 567 Piedmont L Delray Beach, FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Powers, John 569 Piedmont L Delray Beach, FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brodsky, Harold 529 Piedmont L 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

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:  **DANIEL SAIEWITZ** **3/9/07** **561-637-3369**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #