

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749478

**FILED
Mar 07, 2022
Secretary of State
1799021039CC**

Entity Name: PIEDMONT "A" ASSOCIATION, INC.

Current Principal Place of Business:

C/O WILSON MANAGEMENT
1300 NW 17TH AVE SUITE 270
DELRAY BEACH, FL 33445

Current Mailing Address:

C/O WILSON MANAGEMENT
1300 NW 17TH AVE SUITE 270
DELRAY BEACH, FL 33445 US

FEI Number: 59-2029116

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
625 N. FLAGLER DR, 7TH FLOOR
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BURKHARDT, GEORGANN
Address C/O WILSON MANAGEMENT
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER
Name PICOW, ALLAN
Address C/O WILSON MANAGEMENT
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title PRESIDENT
Name SIMON, ARTHUR
Address C/O WILSON MANAGEMENT
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title VICE-PRESIDENT
Name HIM, KATHLEEN
Address C/O WILSON MANAGEMENT
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY
Name DAVID, SUSAN
Address C/O WILSON MANAGEMENT
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name BROOKS, SHARON
Address C/O WILSON MANAGEMENT
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name DRUCKER, ISRAEL
Address C/O WILSON MANAGEMENT
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN HIM

VICE-PRESIDENT

03/07/2022

Electronic Signature of Signing Officer/Director Detail

Date