

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749478

**FILED**  
**Feb 08, 2016**  
**Secretary of State**  
**CC8704719404**

**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            PRES  
Name            WARREN, SANFORD  
Address        C/O WILSON MANAGEMENT  
                  1300 NW 17TH AVE SUITE 270  
City-State-Zip: DELRAY BEACH FL 33445

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

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

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

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

Title            DIRECTOR  
Name            RODRIQUEZ, MARIA  
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

*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:** SANFORD WARREN

**PRESIDENT**

**02/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date