

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 27, 2018
Secretary of State
CC9140146265

Entity Name: PIEDMONT "B" ASSOCIATION, INC.

Current Principal Place of Business:

C/O ASSOCIATION SPECIALTY GROUP LLC
902 CLINT MOORE ROAD SUITE 110
BOCA RATON, FL 33487

Current Mailing Address:

C/O ASSOCIATION SPECIALTY GROUP LLC
902 CLINT MOORE ROAD SUITE 110
BOCA RATON, FL 33487 US

FEI Number: 59-2058368

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDWARD F. HOLODAK P.A.
EDWARD F. HOLODAK P.A.
7951 SOUTH WEST 6TH STREET STE 210
PLANTATION , FL 33324 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: EDWARD HOLOKAK

03/27/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SKLANSKY, FRANCES
Address C/O ASSOCIATION SPECIALTY
 GROUP LLC
 902 CLINT MOORE ROAD SUITE 110
City-State-Zip: BOCA RATON FL 33487

Title VICE PRESIDENT
Name COOK, MARSHA
Address C/O ASSOCIATION SPECIALTY
 GROUP LLC
 902 CLINT MOORE ROAD SUITE 110
City-State-Zip: BOCA RATON FL 33487

Title TREASURER
Name COHEN , ANNE
Address C/O ASSOCIATION SPECIALTY
 GROUP LLC
 902 CLINT MOORE ROAD SUITE 110
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY
Name SAMORODIN , MARILYN
Address C/O ASSOCIATION SPECIALTY
 GROUP LLC
 902 CLINT MOORE ROAD SUITE 110
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name FINKEL, HARRIET
Address C/O ASSOCIATION SPECIALTY
 GROUP LLC
 902 CLINT MOORE ROAD SUITE 110
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name SIROTA, MAX
Address C/O ASSOCIATION SPECIALTY
 GROUP LLC
 902 CLINT MOORE ROAD SUITE 110
City-State-Zip: BOCA RATON FL 33487

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: SKLANSKY , FRANCES

PRESIDENT

03/27/2018

Electronic Signature of Signing Officer/Director Detail

Date