

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

DOCUMENT# 749479

**Entity Name:** PIEDMONT "B" ASSOCIATION, INC.

**FILED**  
**Apr 18, 2016**  
**Secretary of State**  
**CC0787709696**

**Current Principal Place of Business:**

C/O A&N MANAGEMENT  
902 CLINT MOORE RD #110  
BOCA RATON, FL 33487

**Current Mailing Address:**

C/O A&N MANAGEMENT  
902 CLINT MOORE RD #110  
BOCA RATON, FL 33487 US

**FEI Number: 59-2058368**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BOGEN LAW GROUP, MICHAEL BOGEN PA  
1900 GLADES ROAD  
SUITE 300  
BOCA RATON, FL 33431 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: MICHAEL BOGEN, PA**

**04/18/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name SKLANSKY, FRAN  
Address 66 PIEDMONT B  
City-State-Zip: DELRAY BEACH FL 33484

Title VP  
Name SIROTA, MAX  
Address 88 PIEDMONT B  
City-State-Zip: DELRAY BEACH FL 33484

Title TREA  
Name COHEN, ANNE  
Address 65 PIEDMONT B  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name FINKEL, HARRIET  
Address 85 PIEDMONT B  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name SAMORODIN, RAYMOND  
Address 68 PIEDMONT B  
City-State-Zip: DELRAY BEACH FL 33484

Title SECRETARY  
Name KANE, ROBERTA  
Address 76 PIEDMONT B  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name COOK, MARSHA  
Address 96 PIEDMONT B  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name KAUFMAN, RICHARD  
Address 81 PIEDMONT B  
City-State-Zip: DELRAY BEACH FL 33484

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*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: FRAN SKLANSKY**

**PRES**

**04/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            STORE, NORMAN  
Address        54 PIEDMONT B  
City-State-Zip: DELRAY BEACH FL 33484