2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749479

Entity Name: PIEDMONT "B" ASSOCIATION, INC.

FILED
Apr 29, 2017
Secretary of State
CC9464395393

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 04/29/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

 Title
 PRES
 Title
 DIRECTOR

 Name
 SKLANSKY, FRANCES
 Name
 SIROTA, MAX

Address C/O ASSOCIATION SPECIALTY Address C/O ASSOCIATION SPECIALTY

GROUP LLC GROUP LLC

902 CLINT MOORE ROAD SUITE 110 902 CLINT MOORE ROAD SUITE 110

City-State-Zip: BOCA RATON FL 33487 City-State-Zip: BOCA RATON FL 33487

 Title
 DIRECTOR
 Title
 TREASURER

 Name
 COHEN, ANNE
 Name
 FINKEL, HARRIET

Address C/O ASSOCIATION SPECIALTY Address C/O ASSOCIATION SPECIALTY

GROUP LLC GROUP LLC

902 CLINT MOORE ROAD SUITE 110 902 CLINT MOORE ROAD SUITE 110

City-State-Zip: BOCA RATON FL 33487 City-State-Zip: BOCA RATON FL 33487

Title SECRETARY Title VP

Name SAMORODIN, MARILYN Name COOK, MARSHA

Address C/O ASSOCIATION SPECIALTY Address C/O ASSOCIATION SPECIALTY

GROUP LLC GROUP LLC

902 CLINT MOORE ROAD SUITE 110 902 CLINT MOORE ROAD SUITE 110

City-State-Zip: BOCA RATON FL 33487 City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR

Name STEINBERG, CHARLOTTE

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 PRES 04/29/2017