2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2018
Secretary of State
CC9140146265

DOCUMENT# 749479

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	Title	VICE PRESIDENT
Name	SKLANSKY, FRANCES	Name	COOK, MARSHA
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 902 CLINT MOORE ROAD SUITE 110	Address	C/O ASSOCIATION SPECIALTY GROUP LLC 902 CLINT MOORE ROAD SUITE 110
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	TREASURER	Title	SECRETARY
Name	COHEN , ANNE	Name	SAMORODIN , MARILYN
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 902 CLINT MOORE ROAD SUITE 110	Address	C/O ASSOCIATION SPECIALTY GROUP LLC 902 CLINT MOORE ROAD SUITE 110
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	DIRECTOR	Title	DIRECTOR
Name	FINKEL, HARRIET	Name	SIROTA, MAX
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 902 CLINT MOORE ROAD SUITE 110	Address	C/O ASSOCIATION SPECIALTY GROUP LLC 902 CLINT MOORE ROAD SUITE 110
City-State-Zip:	BOCA RATON FL 33487	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