

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749479

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

Continues on page 2

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