

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 749484

Entity Name: PIEDMONT "G" ASSOCIATION, INC.

**FILED
Jul 01, 2021
Secretary of State
3193485333CC**

Current Principal Place of Business:

C/O WILSON LANDSCAPING AND MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
DELRAY BEACH, FL 33445

Current Mailing Address:

C/O WILSON LANDSCAPING AND MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
DELRAY BEACH, FL 33445 US

FEI Number: 59-2029123

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, DANNY
C/O WILSON LANDSCAPING AND MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
DELRAY BEACH, FL 33445 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name STEIGLITZ, ANNE
Address C/O WILSON LANDSCAPING AND
 MANAGEMENT CORP
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title PRESIDENT, SECRETARY
Name SIMPKINS, TRACY
Address C/O WILSON LANDSCAPING AND
 MANAGEMENT CORP
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title VICE-PRESIDENT
Name BUCHBERG, ALAN
Address C/O WILSON LANDSCAPING AND
 MANAGEMENT CORP
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name COHEN, GERALDINE
Address C/O WILSON LANDSCAPING AND
 MANAGEMENT CORP
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name COHEN, ELAINE
Address C/O WILSON LANDSCAPING AND
 MANAGEMENT CORP
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name RACOND, VIVIAN
Address C/O WILSON LANDSCAPING AND
 MANAGEMENT CORP
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name SUSANN, HELENE
Address C/O WILSON LANDSCAPING AND
 MANAGEMENT CORP
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

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: TRACY SIMPKINS

PRESIDENT

07/01/2021

