## 2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 749484** 

Entity Name: PIEDMONT "G" ASSOCIATION, INC.

Jul 01, 2021 Secretary of State 3193485333CC

**FILED** 

## **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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title TREASURER Title PRESIDENT, SECRETARY

Name STEIGLITZ, ANNE Name SIMPKINS, TRACY

C/O WILSON LANDSCAPING AND C/O WILSON LANDSCAPING AND Address Address MANAGEMENT CORP

MANAGEMENT CORP

1300 NW 17TH AVE SUITE 270 1300 NW 17TH AVE SUITE 270

City-State-Zip: DELRAY BEACH FL 33445 DELRAY BEACH FL 33445 City-State-Zip:

Title VICE-PRESIDENT Title DIRECTOR

COHEN, GERALDINE BUCHBERG, ALAN Name Name

C/O WILSON LANDSCAPING AND C/O WILSON LANDSCAPING AND Address Address

> MANAGEMENT CORP MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270 1300 NW 17TH AVE SUITE 270

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

Title **DIRECTOR** Title **DIRECTOR** 

Name COHEN, ELAINE Name RACOND, VIVIAN

C/O WILSON LANDSCAPING AND C/O WILSON LANDSCAPING AND Address Address

MANAGEMENT CORP MANAGEMENT CORP

1300 NW 17TH AVE SUITE 270 1300 NW 17TH AVE SUITE 270

DELRAY BEACH FL 33445 DELRAY BEACH FL 33445 City-State-Zip: City-State-Zip:

Title **DIRECTOR** 

SUSANN, HELENE Name

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.

07/01/2021 SIGNATURE: TRACY SIMPKINS PRESIDENT