

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749484

**FILED**  
**Jan 03, 2019**  
**Secretary of State**  
**CC4839027029**

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

**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 P  
Name POLLACK, JOAN  
Address C/O WILSON LANDSCAPING AND MANAGEMENT CORP  
1300 NW 17TH AVE SUITE 270  
City-State-Zip: DELRAY BEACH FL 33445

Title T  
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 D  
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 ELAINE, SCHWARTZ  
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 BENNIN, ARLENE  
Address C/O WILSON LANDSCAPING AND MANAGEMENT CORP  
1300 NW 17TH AVE SUITE 270  
City-State-Zip: DELRAY BEACH FL 33445

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

Title DIRECTOR  
Name WEISS, ROBERT  
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:** JOAN POLLACK

**PRESIDENT**

**01/03/2019**

