

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749484

Entity Name: PIEDMONT "G" ASSOCIATION, INC.**Current Principal Place of Business:**4723 W. ATLANTIC AVENUE
SUITE A-19
DELRAY BEACH, FL 33445**Current Mailing Address:**4723 W. ATLANTIC AVENUE
SUITE A-19
DELRAY BEACH, FL 33445 US**FEI Number:** 59-2029123**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, DANNY
4723 W. ATLANTIC AVENUE
SUITE A-19
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	PRIMACK, SHEILA
Address	4723 W ATLANTIC AVE A-19
City-State-Zip:	DELRAY BEACH FL 33445

Title	T
Name	STEIGLITZ, ANNE
Address	4723 W ATLANTIC AVE A-19
City-State-Zip:	DELRAY BEACH FL 33445

Title	D
Name	BRAUNSTEIN, ELLIOTT
Address	4723 W ATLANTIC AVE A-19
City-State-Zip:	DELRAY BEACH FL 33445

Title	SECRETARY
Name	HELENE, SUZANN
Address	4723 W. ATLANTIC AVENUE SUITE A-19
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	HOWARD , CHALLOP
Address	4723 W. ATLANTIC AVENUE SUITE A-19
City-State-Zip:	DELRAY BEACH FL 33445

Title	VICE-PRESIDENT
Name	ELAINE, SCHWARTZ
Address	4723 W. ATLANTIC AVENUE SUITE A-19
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	PINSKER, ARNOLD
Address	4723 W. ATLANTIC AVENUE SUITE A-19
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: SHEILA PRIMACK

PRESIDENT

01/15/2015

Electronic Signature of Signing Officer/Director Detail_____
Date