

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749485

**Entity Name:** PIEDMONT "H" ASSOCIATION, INC.**Current Principal Place of Business:**FIRST SERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487**Current Mailing Address:**FIRST SERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487 US**FEI Number:** 59-2015074**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.  
1655 PALM BEACH LAKES BLVD.  
C-500  
W. PALM BEACH, FL 33401 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:** LAURA M MANNING-HUDSON

03/31/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           FRANKLIN, SEYMOUR  
Address        355 PIEDMONT H  
City-State-Zip: DELRAY BEACH FL 33484

Title            TREASURER  
Name           LIESS, MILTON  
Address        339 PIEDMONT H  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name           SIKOWITZ, JERRY  
Address        346 PIEDMONT H  
City-State-Zip: DELRAY BEACH FL 33484

Title            SECRETARY  
Name           BIALE, BEVERLY  
Address        364 PIEDMONT H  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name           RUSS, ELAYNE  
Address        358 PIEDMONT F  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name           PETRUZZO, FRANK  
Address        373 PIEDMONT H  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name           LOWENGER, LEN  
Address        375 PIEDMONT H  
City-State-Zip: DELRAY BEACH FL 33484

*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:** SEYMOUR FRANKLIN

PRES.

03/31/2015

Electronic Signature of Signing Officer/Director Detail

Date