

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749489

Entity Name: PIEDMONT "L" ASSOCIATION, INC.

Current Principal Place of Business:

4723 W. ATLANTIC AVE.
SUITE A-19
DELRAY BEACH, FL 33445

Current Mailing Address:

4723 W. ATLANTIC AVE.
SUITE A-19
DELRAY BEACH, FL 33445 US

FEI Number: 59-2039756

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, DANNY L
4723 W. ATLANTIC AVE.
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 BRODSKY, HAROLD
Address 529 PIEDMONT L
City-State-Zip: DELRAY BEACH FL 33484

Title VP
Name POWERS, JOHN
Address 569 PIEDMONT L
City-State-Zip: DELRAY BEACH FL 33484

Title S
Name SAIEWITZ, SANDRA
Address 530 PIEDMONT L
City-State-Zip: DELRAY BEACH FL 33484

Title TREASURER
Name MYRA, ZABROCKI
Address 532 PIEDMONT L
City-State-Zip: DELRAY BEACH FL 33484

Title D
Name SHERMAN, LARRY
Address 560 PIEDMONT L
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name PETER , BELKIND
Address 545 PIEDMONT L
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name JOSEPH, MISSRY
Address 571 PIEDMONT D
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: JOHN POWERS

VICE PRESIDENT

01/15/2014

Electronic Signature of Signing Officer/Director Detail

Date