## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 749489** 

Entity Name: PIEDMONT "L" ASSOCIATION, INC.

**FILED** Jan 10, 2024 Secretary of State 0367106857CC

## **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: 59-2039756 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WILSON, DANNY L 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 **PRESIDENT** Title DIRECTOR Name RICHMAN, LINDA Name UNGER, BRUCE

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:

**DIRECTOR** Title Title DIRECTOR

HANKE, ERIKA BELKIND, PETER 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

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

Title **TREASURER** Title **SECRETARY** Name WILSON, JACKIE Name BROWN, KAREN

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

Title **DIRECTOR** 

Name

FREUND, DEBRA

Address C/O WILSON LANDSCAPING AND MANAGEMENT CORP

1300 NW 17TH AVE SUITE 270

DELRAY BEACH FL 33445 City-State-Zip:

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.

01/10/2024 SIGNATURE: ERIKA HANKE DIRECTOR