
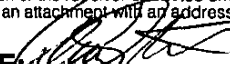


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90041 046 ****61.25

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # 749489 1. Entity Name PIEDMONT "L" ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 1315 NW 8TH ST. BOYNTON BEACH, FL 33426 US | | | Mailing Address 1315 NW 8TH ST. BOYNTON BEACH, FL 33426 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-2039756 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent WILSON, DANNY 1315 NE 8TH STREET BOYNTON BEACH, FL 33426 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | FL Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD WEITZBERG, WILLY 569 PIEDMONT L DELRAY BEACH, FL 33484 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SAIEWITZ, DANIEL 530 Piedmont L Delray Beach, FL 33484 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (P) |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD SAIEWITZ, SONDR 530 PIEDMONT L DELRAY BEACH, FL 33484 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | CHASEN, FRAN 576 PIEDMONT L DELRAY BEACH, FL 33484 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (D) |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD GELLER, JANET 532 PIEDMONT L DELRAY BEACH, FL 33484 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SMOLOKOFF, JEFF 567 Piedmont L Delray Beach, FL 33484 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (D) |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BRAVER, EDWARD 562 PIEDMONT L DELRAY BEACH, FL 33484 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | BRAVER, EDWARD 562 PIEDMONT L Delray Beach, FL 33484 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (VP) |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD SAIEWITZ, DANIEL 530 PIEDMONT L DELRAY BEACH, FL 33484 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | REISCH, JOSEPH 568 Piedmont L Delray Beach, FL 33484 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (P) |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | DANIEL SAIEWITZ, Pres. | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 1/11/06 | | |
| DATE | | | 561-637-3369 | | |
| DAYTIME PHONE # | | | | | |