


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90041 004 ****61.25

DOCUMENT # 749489
1. Entity Name
PIEDMONT "L" ASSOCIATION, INC.



Principal Place of Business Mailing Address
1315 NE 8TH STREET 1315 NE 8TH STREET
BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426
US US

54027697



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
1315 NW 8TH STREET 1315 NW 8TH STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.
BOYNTON BEACH FL

City & State City & State
BOYNTON BEACH FL
Zip Country Zip Country
33426 US 33426 US

4. FEI Number 59-2039756 Applied For
Not Applicable
5. Certificate of Status Desired \$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 **FL** Zip Code

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.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEITZBERG, WILLY	
STREET ADDRESS	569 PIEDMONT L	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAIEWITZ, SONDR	
STREET ADDRESS	530 PIEDMONT L	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GELLER, JANET	
STREET ADDRESS	532 PIEDMONT L	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHASEN, FRANCES	
STREET ADDRESS	576 PIEDMONT L	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAVER, EDWARD	
STREET ADDRESS	562 PIEDMONT L	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAIEWITZ, DANIEL	
STREET ADDRESS	530 PIEDMONT L	
CITY-ST-ZIP	DELRAY BEACH FL 33484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOLOKOFF, J.	
STREET ADDRESS	569 PIEDMONT L	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Willy Weitzberg* **WILLY WEITZBERG** 3-29-04 561-499-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #