


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90018 017 ****61.25

DOCUMENT # 749489			
1. Entity Name PIEDMONT "L" ASSOCIATION, INC.			
Principal Place of Business 15300 JOG ROAD SUITE #109 DELRAY BEACH, FL 33446 US		Mailing Address P.O. BOX 244464 BOYNTON BEACH, FL 33424-4464 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>15300 Jog Rd.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 109</i>	
City & State		City & State <i>Delray Beach, FL</i>	
Zip	Country	Zip	Country
		<i>33446</i>	<i>USA</i>
4. FEI Number 59-2039756		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILSON, DANNY WILSON MANAGEMENT 15300 JOG ROAD, SUITE #109 DELRAY BEACH, FL 33446		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIEWITZ, DANIEL	NAME	
STREET ADDRESS	530 PIEDMONT L	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIEWITZ, SONDR	NAME	
STREET ADDRESS	530 PIEDMONT L	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOLOKOFF, JEFF	NAME	
STREET ADDRESS	567 PEIDMONT L	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVER, EDWARD	NAME	
STREET ADDRESS	562 PIEDMONT L	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, JOHN	NAME	
STREET ADDRESS	569 PEIDMONT L	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHASEN, FRAN	NAME	<i>Brotsky, Harold</i>
STREET ADDRESS	576 PIEMONT L	STREET ADDRESS	<i>529 Piedmont L</i>
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	<i>Delray Beach, FL 33484</i>
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: <i>[Signature]</i>		Date: <i>1/4/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
DANIEL SAIEWITZ, PRES		661-637-3402	

ADDITIONAL ON BACK