2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749487

Entity Name: PIEDMONT "J" ASSOCIATION, INC.

FILED Apr 29, 2021 **Secretary of State** 4963094569CC

Current Principal Place of Business:

C/O REALMANAGE/ASG 9050 PINES BOULEVARD SUITE 480 PEMBROKE PINES, FL 33024

Current Mailing Address:

C/O REALMANAGE/ASG P O BOX 803555 DALLAS, TX 75380 US

FEI Number: 59-1998536 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAYE BENDER REMBAUM PL 1200 PARK CENTRAL BLVD SOUTH POMPANO BEACH, FL 33064 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: EMILY GANNON 04/29/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

PRESIDENT Title Title VΡ

LICTEN, IRA Name CASTELLANO, THOMAS Name

Address C/O REALMANAGE/ASG Address C/O REALMANAGE/ASG

> 9050 PINES BOULEVARD SUITE 480 9050 PINES BOULEVARD SUITE 480

PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 City-State-Zip: City-State-Zip:

Title **TREASURER** Title **SECRETARY**

KLEIN, CAROL SHAW, STEPHANIE Name Name

C/O REALMANAGE/ASG C/O REAL MANAGE/ASG Address Address

9050 PINES BOULEVARD SUITE 480 9050 PINES BOULEVARD SUITE 480

PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 City-State-Zip: City-State-Zip:

Title **DIRECTOR** WARD, GAIL Name

C/O REALMANAGE/ASG Address

9050 PINES BOULEVARD SUITE 480

PEMBROKE PINES FL 33024 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.

SIGNATURE: THOMAS CASTELLANO

PRESIDENT

04/29/2021