

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749489

**FILED**  
**Jan 05, 2017**  
**Secretary of State**  
**CC2094957541**

**Entity Name:** PIEDMONT "L" ASSOCIATION, INC.

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	D	Title	DIRECTOR
Name	SHERMAN, LARRY	Name	PETER , BELKIND
Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270	Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445
Title	PRESIDENT	Title	VICE-PRESIDENT
Name	RICHMAN, LINDA	Name	SHABAT, DAVID
Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270	Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445
Title	DIRECTOR	Title	SECRETARY
Name	BROWN, RITA	Name	SMOLOKOFF, JOAN
Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270	Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445
Title	DIRECTOR		
Name	POWERS, JOHN		
Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270		
City-State-Zip:	DELRAY BEACH FL 33445		

*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:** LINDA RICHMAN

**PRESIDENT**

**01/05/2017**

