

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 24, 2025
Secretary of State
0289921685CC

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	VICE-PRESIDENT	Title	DIRECTOR
Name	RICHMAN, LINDA	Name	HANKE, ERIKA
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	TREASURER	Title	PRESIDENT
Name	BELKIND, PETER	Name	WILSON, JACKIE
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	SECRETARY	Title	DIRECTOR
Name	BROWN, KAREN	Name	FREUND, DEBRA
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

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: ERIKA HANKE

DIRECTOR

01/24/2025

Electronic Signature of Signing Officer/Director Detail

Date