

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 749478 (4)**  
1. Corporation Name  
**PIEDMONT "A" ASSOCIATION, INC.**



Principal Place of Business <b>C/O PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US</b>	Mailing Address <b>C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US</b>
--	---

3. Date Incorporated or Qualified <b>10/23/1979</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number <b>59-2029116</b>	Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SWATT, MYRON  
6300 PK OF COMMERCE BLVD  
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRAGA, BERNARD</b>	1.2 NAME	<b>SCHINDLER, ABE</b>
STREET ADDRESS	<b>37 PIEDMONT A</b>	1.3 STREET ADDRESS	<b>16 PIEDMONT A</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	1.4 CITY-ST-ZIP	<b>DELRAY, BEACH FLA</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHINDLER, ABE</b>	2.2 NAME	<b>KRAMER, JACK</b>
STREET ADDRESS	<b>18 PIEDMONT A</b>	2.3 STREET ADDRESS	<b>25 PIEDMONT A</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	<b>DELRAY BEACH FLA</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD SCHWIMMER, FLORENCE</b>	3.2 NAME	<b>SCHWIMMER, FLORENCE</b>
STREET ADDRESS	<b>5 PIEDMONT A</b>	3.3 STREET ADDRESS	<b>5 PIEDMONT A</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	<b>DELRAY BEACH FLA</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DD STONE, ABRAHAM</b>	4.2 NAME	
STREET ADDRESS	<b>47 PIEDMONT A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D HIMMELFARB, JEAN</b>	5.2 NAME	
STREET ADDRESS	<b>38 PIEDMONT A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DD KRAMER, JACK</b>	6.2 NAME	<b>T SEIDNER, ROSE</b>
STREET ADDRESS	<b>25 PIEDMONT A</b>	6.3 STREET ADDRESS	<b>29 PIEDMONT A</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	6.4 CITY-ST-ZIP	<b>DELRAY BEACH FLA</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Date: **3/11/98** Daytime Phone #: **496-6664**

CR2E037 (10/97)