

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

000455

DOCUMENT # 749478

1. Entity Name

PIEDMONT "A" ASSOCIATION, INC.

04-20-2001 90177 042 ****61.25

Principal Place of Business

Mailing Address

C/O PRIME MANAGEMENT GROUP, INC.
 6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487
 US

C/O PRIME MANAGEMENT GROUP, INC.
 6300 PRK OF COMMERCE BLVD
 BOCA RATON FL 33487
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2029116

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWATT, MYRON
6300 PK IF COMMERCE BLVD
BOCA RATON FL 33487

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
P SCHINDLER, ABE 16 PIEDMONT A DELRAY BEACH FL	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
V KRAMER, JACK 25 PIEDMONT A DELRAY BEACH FL	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
S MASKIN, VIVIAN 14 PEIDMONT A DELRAY BEACH FL	<input checked="" type="checkbox"/>	S Cantor, Irene 17 Piedmont A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T STONE, ABRAHAM 47 PIEDMONT A DELRAY BEACH FL	<input checked="" type="checkbox"/>	T Wexler, Frances 4 Piedmont A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D HIMMELFARB, JEAN 36 PIEDMONT A DELRAY BEACH FL	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D SHAIN, ESTER 10 PEIDMONT A DELRAY BEACH FL	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2001 498-0390
Date Daytime Phone #

CR2E037 (10/00)