

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90392 022 ****61.25

DOCUMENT # 749478

1. Entity Name

PIEDMONT "A" ASSOCIATION, INC.

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

00113000



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

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

SWA MYRON
 6300 PARK OF 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

only

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	P	<input type="checkbox"/> Delete
NAME	SCHINDLER, ABE	
STREET ADDRESS	16 PIEDMONT A	
CITY-ST-ZIP	DELRAY BEACH FL 33487	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KRAMER, JACK	
STREET ADDRESS	25 PIEDMONT A	
CITY-ST-ZIP	DELRAY BEACH FL "	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CANTOR, IRENE	
STREET ADDRESS	17 PIEDMONT A	
CITY-ST-ZIP	DELRAY BEACH FL "	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEXLER, FRANCES	
STREET ADDRESS	4 PIEDMONT A	
CITY-ST-ZIP	DELRAY BEACH FL "	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIMMELFARB, JEAN	
STREET ADDRESS	36 PIEDMONT A	
CITY-ST-ZIP	DELRAY BEACH FL "	
TITLE	D	<input type="checkbox"/> Delete
NAME	George Pinchuk	
STREET ADDRESS	32 Piedmont A	
CITY-ST-ZIP	Delray Beach, FLA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Mike Stajola	
STREET ADDRESS	30 Piedmont A	
CITY-ST-ZIP	Delray Beach - FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

561-496-6664

Daytime Phone #

CR2E037 (9/01)