


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90230 001 *4,226.25

DOCUMENT # 749478

1. Entity Name
PIEDMONT "A" ASSOCIATION, INC.



Principal Place of Business
**C/O PRIME MANAGEMENT GROUP, INC.
 6300 PARK OF COMMERCE BLVD
 BOCA RATON, FL 33487 US**

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



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04222004 Chg-NP CR2E037 (10/03)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHINDLER, ABE	
STREET ADDRESS	16 PIEDMONT A	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KRAMER, JACK	
STREET ADDRESS	25 PIEDMONT A	
CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	SD	<input checked="" 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	VP	<input type="checkbox"/> Delete
NAME	HIMMELFARB, JEAN	
STREET ADDRESS	36 PIEDMONT A	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	P	<input type="checkbox"/> Delete
NAME	WARREN, BARBARA	
STREET ADDRESS	35 PIEDMONT A	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maskin, Vivian	
STREET ADDRESS	14 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		

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]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #