


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2006 8:00 am**  
**Secretary of State**

08-30-2006 90004 015 \*\*\*\*61.25

**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.

3. Mailing Address  
 Suite, Apt. #, etc.

07272006 Chg-NP CR2E037 (4/06)

City & State

City & State

Zip Country Zip Country

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**

**BERNSTEIN, ARNIE  
 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 September 6, 2006**

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	S	<input type="checkbox"/> Delete
NAME	MASKIN, VIVIAN	
STREET ADDRESS	14 PIEDMONTA	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	TD	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERBST, BERNARD	
STREET ADDRESS	40 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 exemptions contained in Chapter 119, 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:** Abraham Schindler \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_