## 2006 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT

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

DOCUMENT # 749478  1. Entity Name PIEDMONT "A" ASSOCIATION, INC.						08-30-2006 90004 015 ****61.25				
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 6300 PRK OF COMMERCE BOCA RATON, FL 33487			MMERCE BLV							
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #. etc.			07272006	Chg-NP	CR2E03	7 (4/06)		
City & State		City & State			4. FEI Number 59-20291	16		<del></del>	oplied For ot Applicable	
Zip	Zip Country		Co	untry	5. Certificate of	Status Desired		8.75 Add ee Require		
	6. Name and Address of Current	Registered Agent			7. Name and A	dress of New R	egistered A	gent	,	
DEDNOTE	IN ACMIE			Name						
BERNSTEIN, ARNIE 6300 PK IF COMMERCE BLVD BOCA RATON, FL 33487				Street Address (P.O. Box Number is Not Acceptable)						
									1	
				City			FL	Zip Code	е	
	named entity submits this statement for tions of registered agent.	or the purpose of chang	ing its register	red office or regis	stered agent, or both,	in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE										
1	Signature, typed or printed name or registered agent	and the if applicable.	(NOTE: Register)	ed Agent signature requ	ured when reinstating)		DATE			
	Signature, typed or printed name or registered agent	ало въе и аррисавие.	(NQTE: Registeri	ed Agent signature requ	ured when reinstating)	Salte let out o	DATE	2. 1 6.000		
Di	Filling Fee is \$61.25 ue by September 6, 2006	9. Election	(NOTE: Register) on Campaign I Fund Contribu	Financing	\$5.00 May Be Added to Fees		ake check ida Departi			
<b>D</b> (	Filing Fee is \$61.25	9. Election	on Campaign I	Financing tion.	\$5.00 May Be	Flor	ake check ida Departi	nent of St	tate	
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10. TITLE NAME	Filing Fee is \$61.25 ue by September 6, 2006 OFFICERS AND DI D SCHINDLER, ABE	9. Election Trust	on Campaign I Fund Contribu	Financing tion.   LE	\$5.00 May Be Added to Fees	Flor	ake check ida Departr RS AND DIR	ment of St	tate	
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Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. Floring 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 eath; 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

Daytime Phone #