

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90181 008 ****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

40060219



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

01292007 Chg-NP CR2E037 (12/06)

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: Piedmont A
 Street Address (P.O. Box Number is Not Acceptable): 6300 Park of Commerce Blvd.
 City: Boca Raton FL Zip Code: 33487

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2007
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: SCHINDLER, ABE STREET ADDRESS: 16 PIEDMONT A CITY-ST-ZIP: DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: KRAMER, JACK STREET ADDRESS: 25 PIEDMONT A CITY-ST-ZIP: DELRAY BEACH, FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: MASKIN, VIVIAN STREET ADDRESS: 14 PIEDMONTA CITY-ST-ZIP: DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: HERBST, BERNARD STREET ADDRESS: 40 PIEDMONT A CITY-ST-ZIP: DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: LIGHTNER, BEVERLY STREET ADDRESS: 37 PIEDMONT A CITY-ST-ZIP: DELRAY BEACH FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: HIMMELFARB, JEAN STREET ADDRESS: 36 PIEDMONT A CITY-ST-ZIP: DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE: D NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: WARREN, BARBARA STREET ADDRESS: 35 PIEDMONT A CITY-ST-ZIP: DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara Warren President Date: 3/29/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #