


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

08-30-2006 90004 013 \*\*\*\*61.25

<b>DOCUMENT # 749480</b> 1. Entity Name <b>PIEDMONT "C" ASSOCIATION, INC.</b>					
Principal Place of Business <b>PRIME MGMT GROUP INC.</b> <b>6300 PARK OF COMMERCE BLVD.</b> <b>BOCA RATON, FL 33487 US</b>			Mailing Address <b>PRIME MGMT GROUP INC.</b> <b>6300 PARK OF COMMERCE BLVD.</b> <b>BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2058370</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BERNSTEIN, ARNIE</b> <b>PIEDMONT C ASSOCIATION</b> <b>6300 PARK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>HOLTZ, ARTHUS</b> <b>120 PEIDMONT C</b> <b>DELRAY BEACH, FL 33484</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>LEVINE, MORRIS</b> <b>133 PIEDMONT C</b> <b>DELRAY BEACH FL 33484</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>ROTHENBERG, LEE</b> <b>111 PEIDMONT C</b> <b>DELRAY BEACH, FL 33484</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Goldie Clibure <b>141 Piedmont C</b> <b>DELRAY BEACH, FL 33484</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GOLDBERGER, BERNARD</b> <b>PIEDMONT C #117</b> <b>DELRAY BEACH, FL 33484</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harry Kutner <b>121 Piedmont C</b> <b>DELRAY BEACH, FL 33484</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>RICHMAN, PHILIP</b> <b>127 PIEDMONT C</b> <b>DELRAY BCH, FL 33484</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CHIESA, ANN</b> <b>116 PIEDMONT C</b> <b>DELRAY BCH, FL 33484</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WILENETHIK, SELMA</b> <b>97 PIEDMONT C</b> <b>DELRAY BEACH FL 33484</b> <input type="checkbox"/> Change <input checked="" 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: <i>Bernard R Goldberger</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>8/3/06</i> Daytime Phone #		