

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90019 029 ****61.25

DOCUMENT # 749480

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



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

Mailing Address
**PRIME MGMT GROUP INC.
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487 US**

40052872



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2058370

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~PIEDMONT C ASSOCIATION~~
**PIEDMONT C ASSOCIATION
6300 PARK OF 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

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	VP	<input type="checkbox"/> Delete
NAME	LEVINE, MORRIS	
STREET ADDRESS	133 PIEDMONT C	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROTHENBERG, LEE	
STREET ADDRESS	111 PEIDMONT C	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDBERGER, BERNARD	
STREET ADDRESS	PIEDMONT C #117	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RICHMAN, PHILIP	
STREET ADDRESS	127 PIEDMONT C	
CITY-ST-ZIP	DELRAY BCH, FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHIESA, ANN	
STREET ADDRESS	116 PIEDMONT C	
CITY-ST-ZIP	DELRAY BCH, FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILENCHIK, SELMA	
STREET ADDRESS	97 PIEDMONT C	
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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILENCHIK, SELMA
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:

Philip Richman **Philip Richman**

02/21/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #