

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 749482 (6)**

1. Corporation Name  
**PIEDMONT "E" ASSOCIATION, INC.**



Principal Place of Business <b>C/O PRIME MANAGEMENT GROUP, INC.                  6300 PRK OF COMMERCE BLVD                  BOCA RATON FL 33487                  US</b>	Mailing Address <b>C/O PRIME MANAGEMENT GROUP, INC.                  6300 PRK OF COMMERCE BLVD                  BOCA RATON FL 33487                  US</b>
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3. Date Incorporated or Qualified <b>10/23/1979</b>	
4. FEI Number <b>59-2039753</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SWATT, MYRON  
 6300 PK OF COMMERCE BLVD  
 BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>BIKOFSKY, BABE</b>	
STREET ADDRESS	<b>187 PIEDMONT E</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	<b>KEMPLER, ROBERT</b>	
STREET ADDRESS	<b>206 PIEDMONT E</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>DANDORF, SYLVIA</b>	
STREET ADDRESS	<b>KINGS PT. PIEDMONT E 217</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>WENGER, LEO</b>	
STREET ADDRESS	<b>KINGS PT. PIEDMONT E 210</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BLUFER, ALEX</b>	
STREET ADDRESS	<b>PIEDMONT E 237</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>MILLER, JACK</b>	
STREET ADDRESS	<b>PIEDMONT E 238</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>P FINANDER, SID</b>
2.3 STREET ADDRESS	<b>234 PIEDMONT E</b>
2.4 CITY-ST-ZIP	<b>DELRAY BEACH, FLA 33484</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D Kempler, BOB</b>
6.3 STREET ADDRESS	<b>206 Piedmont E</b>
6.4 CITY-ST-ZIP	<b>Delray Beach, Fla 33484</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed; or on an attachment with an address.

SIGNATURE: *[Signature]* 311-98 499-4992

CR2E037 (10/97)