


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

08-30-2006 90004 035 ****61.25

DOCUMENT # 749482
 1. Entity Name
PIEDMONT "E" ASSOCIATION, INC.



Principal Place of Business
**C/O PRIME MANAGEMENT GROUP, INC.
 6300 PRK 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

07272006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2039753

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 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 September 6, 2006

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 | P | <input type="checkbox"/> Delete |
| NAME | FINANDER, SID | |
| STREET ADDRESS | 234 PIEDMONT E | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | KEMPLER, BOB | |
| STREET ADDRESS | 206 PIEDMONT E | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SILVER, LORRAINE | |
| STREET ADDRESS | 229 PIEDMONT E | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | MILLER, JACK | |
| STREET ADDRESS | 236 PIEDMONT E | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | DAVIS, SID | |
| STREET ADDRESS | 209 PIEDMONT E | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HILLSBERG, BEN | |
| STREET ADDRESS | 200 PIEDMONT E | |
| 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 | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COHEN, LOTTE | |
| STREET ADDRESS | 203 PIEDMONT E | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MEADOW, ALICE | |
| STREET ADDRESS | 206 PIEDMONT E | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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: _____ **8-10-06** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #