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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749484 (2)

1. Corporation Name

PIEDMONT "G" ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O PRIME MANAGEMENT GROUP, INC.
~~1051 SOUTH ROGERS CIRCLE~~
BOCA RATON FL 33487

C/O PRIME MANAGEMENT GROUP, INC.
~~1051 SOUTH ROGERS CIRCLE~~
BOCA RATON FL 33487-2816

6300 Park of Commerce Blvd

2. Principal Place of Business

21 Suite, Apt. #, e

**PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL 33487**

22 City & State

23 Zip

24 Country

9. Name and Address of Current Registered Agent

**RAIBLE, RONALD
KINGS POINT PHASE III
1051 S ROGERS CIR
BOCA RATON FL 33487**

B1 Name

B2 Street

B3 City

B4 State

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

3. Date Incorporated or Qualified
10/23/1979

3a. Date of Last Report
05/01/1996

4. FEI Number

59-2029123

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SHAW, MATTHEW**
STREET ADDRESS **301 PIEDMONT G**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE
NAME **P BENNIN, SOL**
STREET ADDRESS **306 PIEDMONT G**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE
NAME **S BROWN, MOLLY**
STREET ADDRESS **KINGS PT. PIEDMONT G 308**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE
NAME **TD WOFCHUCK, JACK**
STREET ADDRESS **KINGS PT. PIEDMONT G 329**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE
NAME **D KESSEL, ALVAN**
STREET ADDRESS **313 PIEDMONT G**
CITY-ST-ZIP **DELRAY BCH FL**

TITLE ☐ DELETE
NAME **D POLLACK, LOU**
STREET ADDRESS **330 PIEDMONT G**
CITY-ST-ZIP **DELRAY BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Sandra B. Mortham **REQUIRED**

3/14/97

446-7028

CR2E037 (9/96)