

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

004265

05-16-2003 90173 042 ****61.25

DOCUMENT # 749488

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



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

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



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2004498**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**DELMAN, GEORGE
KINGS POINT PIEDMONT K-507
DELRAY BEACH FL 33445**

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

3/24/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	TD	<input checked="" type="checkbox"/> Delete
NAME	DELMAN, GEORGE	
STREET ADDRESS	KINGS PT. PIEDMONT K 507	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLOCH, BERNARD	
STREET ADDRESS	501-PEIDMONT-K	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DELMAN, BLANCHE	
STREET ADDRESS	507 PIEDMONT K	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DELMAN, GEORGE	
STREET ADDRESS	KINGS PT. PIEDMONT K 407	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEIDENFIELD, MOE	
STREET ADDRESS	492 PIEDMONT K	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOZO, WILLIAM	
STREET ADDRESS	494 PIEDMONT K	
CITY-ST-ZIP	DELRAY BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TRNS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBY WEINSTEIN	
STREET ADDRESS	484 Piedmont K	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAURY STARN	
STREET ADDRESS	500 Piedmont K	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	Pres	<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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *George Delman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03
DATE

CR2E037 (10/02)