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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **749480** **(0)**

1. Corporation Name

PIEDMONT "C" ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SPECIALTY MANAGEMENT COMPANY 220 CONGRESS PARK DR., STE. 130 DELRAY BEACH FL 33445	C/O SPECIALTY MANAGEMENT COMPANY 220 CONGRESS PARK DR., STE. 130 DELRAY BEACH FL 33445-4605

3. Date Incorporated or Qualified: 10/23/1979
3a. Date of Last Report: 04/16/1996

Number: 59-2058370 ☐ Applied For ☐ Not Applicable

☐ rtificate of Status Desired — **$8.75** Additional Fee Required

☐ ction Campaign Financing st Fund Contribution — **$5.00** May Be Added to Fees

PRIME MGMT GROUP, INC.
6300 PARK OF COMMERCE BLV
BOCA RATON, FL 33487

PRIME MGMT GROUP, INC.
6300 PARK OF COMMERCE BLV
BOCA RATON, FL 33487

24 Zip	25 Country	29 Zip	30 Country

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

9. Name and Address of Current Registered Agent

BOVEN, RANDI GLICK
1115 EAST BROWARD BLVD.
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81
82 SWATT, MYRON
83 6300 PK OF COMMERCE BLVD
84 BOCA RATON, FL 33487

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] DATE: 4/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BERNSTEIN, MAX PIEDMONT C #115 DELRAY BEACH FL 33484	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP SCHECTER, SIDUEY 131 PIEDMONT C DELRAY BEACH FL 33484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRUNO, CHIESA PIEDMONT C #116 DELRAY BEACH FL 33484	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D COWIN, MAURY 122 PIEDMONT C DELRAY BEACH FL 33484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FLORINE, KAYE PIEDMONT C #102 DELRAY BEACH FL 33484	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D RICHMAN, PHILIP 127 PIEDMONT C DELRAY BEACH FL 33484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOLDBERGER, BERNARD PIEDMONT C #117 DELRAY BEACH FL 33484	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRES / 4.4 CITY-ST-ZIP	**********	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAYE, FLORINE PIEDMONT C #102 DELRAY BEACH FL 33484	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUBIN, GUS PIEDMONT C #136 DELRAY BEACH FL 33484	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

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: Bernard R. Goldberger PRESIDENT 4/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0043160