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FILED
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
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DOCUMENT # **749479** (2)
1. Corporation Name
PIEDMONT "B" ASSOCIATION, INC.

Principal Place
C/O PRIME M/ 1051 SOUTH F BOCA RATON
**PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL 33487**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1979		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2058368		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name
82 Str **SWATT, MYRON**
83 **6300 PK OF COMMERCE BLVD**
84 City **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

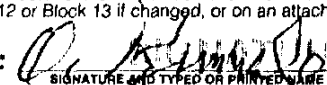
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	SD
NAME	STEINBERG, CHARLOTTE	1.2 NAME	STEINBERG, CHARLOTTE
STREET ADDRESS	82 PIEDMONT B	1.3 STREET ADDRESS	82 Piedmont B
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	DeLray Beach, FL
TITLE	P	2.1 TITLE	PD
NAME	HEYDT, ROBERT	2.2 NAME	HEYDT, ROBERT
STREET ADDRESS	55 PIEDMONT B	2.3 STREET ADDRESS	55 Piedmont B
CITY-ST-ZIP	DELRAY BEACH, FL 00000	2.4 CITY-ST-ZIP	DeLray, Beach, FL
TITLE	D	3.1 TITLE	DD
NAME	BARONHOLTZ, ISIDOR	3.2 NAME	Baron Holtz, Barry
STREET ADDRESS	92 PIEDMONT B	3.3 STREET ADDRESS	92 Piedmont B
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	DeLray Beach FL
TITLE	TD	4.1 TITLE	TD
NAME	BAROWSKY, MAX	4.2 NAME	BAROWSKY, MAX
STREET ADDRESS	KINGS PT PEIDMONT B59	4.3 STREET ADDRESS	59 Piedmont B
CITY-ST-ZIP	DELRAY BCH, FL 00000	4.4 CITY-ST-ZIP	DeLray Beach FL
TITLE	D	5.1 TITLE	DD
NAME	BASSIN, MILTON	5.2 NAME	Bassin, Milton
STREET ADDRESS	86 PIEDMONT B	5.3 STREET ADDRESS	86 Piedmont B
CITY-ST-ZIP	DELRAY BCH FL	5.4 CITY-ST-ZIP	DeLray Beach, FL
TITLE	V	6.1 TITLE	VD
NAME	KIMELDORF, OSCAR	6.2 NAME	Kimeldorf, Oscar
STREET ADDRESS	79 PIEDMONT B	6.3 STREET ADDRESS	79 Piedmont B
CITY-ST-ZIP	DELRAY BEACH, FL 00000	6.4 CITY-ST-ZIP	DeLray Beach FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-97

Date

778-0686

Daytime Phone # 0039651

CR2E037 (9/96)