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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 749486

1. Corporation Name

PIEDMONT "I" 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 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/23/1979

4. FEI Number

59-2004492

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE P  
NAME HOLLANDER, HARRY  
STREET ADDRESS KINGS PT. PIEDMONT I 410  
CITY-ST-ZIP DELRAY BEACH FL ☐ DELETE

TITLE VT  
NAME SOMMER, NAT  
STREET ADDRESS 421 PIEDMONT I  
CITY-ST-ZIP DELRAY BEACH FL ☐ DELETE

TITLE D  
NAME SMITH, JACK  
STREET ADDRESS 411 PIEDMONT I  
CITY-ST-ZIP DELRAY BEACH FL ☐ DELETE

TITLE SD  
NAME SCHOENBERG, RUTH  
STREET ADDRESS KINGS PT. PIEDMONT I 402  
CITY-ST-ZIP DELRAY BEACH FL ☒ DELETE

TITLE DD  
NAME BOOKMAN, BARNETT  
STREET ADDRESS 409 PIEDMONT I  
CITY-ST-ZIP DELRAY BEACH FL ☐ DELETE

TITLE D  
NAME LINSKY, SAM  
STREET ADDRESS 411 PIEDMONT I  
CITY-ST-ZIP DELRAY BEACH FL ☐ DELETE

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 Nat sommer ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 421 piedmont I  
2.4 CITY-ST-ZIP

3.1 TITLE vp ☒ Change ☐ Addition  
3.2 NAME Jack Smith  
3.3 STREET ADDRESS 411 Piedmont I  
3.4 CITY-ST-ZIP

4.1 TITLE S ☐ Change ☒ Addition  
4.2 NAME Bernice Vrablic  
4.3 STREET ADDRESS 414 Piedmont I  
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 D ☒ Change ☐ Addition  
6.2 NAME Sam Linsky  
6.3 STREET ADDRESS 422 piedmont I  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-10-99

498-3850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)