

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90230 001 *4,226.25

DOCUMENT # 749480 1. Entity Name PIEDMONT "C" ASSOCIATION, INC.					
Principal Place of Business PRIME MGMT GROUP INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US			Mailing Address PRIME MGMT GROUP INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SWATT, MYRON 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	HOLTZ, ARTHUS		NAME	Arthur Holtz	
STREET ADDRESS	120 PEIDMONT C		STREET ADDRESS	120 Piedmont C	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ROTHENBERG, LEE		NAME		
STREET ADDRESS	111 PEIDMONT C		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GOLDBERGER, BERNARD		NAME		
STREET ADDRESS	PIEDMONT C #117		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RICHMAN, PHILIP		NAME		
STREET ADDRESS	127 PIEDMONT C		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33484		CITY-ST-ZIP		
TITLE	2VP	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	HOLTZ, ARTHUR		NAME	AnnChiesa	
STREET ADDRESS	120 PIEDMONT C		STREET ADDRESS	116 Piedmont C	
CITY-ST-ZIP	DELRAY BCH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(i), 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: _____			4/30/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		