

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2006 8:00 am**  
**Secretary of State**

08-30-2006 90004 033 \*\*\*\*61.25

<b>DOCUMENT # 749485</b> 1. Entity Name <b>PIEDMONT "H" ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/ PRIME MANAGEMENT GROUP, INC.</b> <b>6300 PRK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487 US</b>				Mailing Address <b>C/ PRIME MANAGEMENT GROUP, INC.</b> <b>6300 PK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07272006 Chg-NP CR2E037 (4/06)	
4. FEI Number <b>59-2015074</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PIEDMONT H ASSOC., INC.</b> <b>6300 PK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<b>Bole,</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FRANKLIN, SEYMOUR		NAME		
STREET ADDRESS	KINGS PT PIEDMONT H-355		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARCE, HENRY		NAME		
STREET ADDRESS	384 PIEDMONT H		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIED, BOB		NAME		
STREET ADDRESS	349 PIEDMONT H		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRELL, AL		NAME	<b>KRELL, AL</b>	
STREET ADDRESS	343 PIEDMONT H		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANZ, SYLVIA		NAME		
STREET ADDRESS	370 PIEDMONT H		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEISS, COOKIE		NAME		
STREET ADDRESS	339 PIEDMONT H		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8-9-06 <small>Date Daytime Phone #</small>		