

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 749480 (0)**  
 1. Corporation Name  
**PIEDMONT 'C' ASSOCIATION, INC.**



Principal Place of Business C/O SPECIALTY MANAGEMENT COMPANY 220 CONGRESS PARK DR., STE. <del>200</del> /30 DELRAY BEACH FL 33445	Mailing Address C/O SPECIALTY MANAGEMENT COMPANY 220 CONGRESS PARK DR., STE. <del>200</del> /30 DELRAY BEACH FL 33445
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3. Date Incorporated or Qualified <b>10/23/1979</b>	3a. Date of Last Report <b>07/11/1995</b>
4. FEI Number <b>59-2058370</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	D
NAME	BERNSTEIN, MAX	1.2 NAME	RUBIN, GUS
STREET ADDRESS	PIEDMONT C #115	1.3 STREET ADDRESS	PIEDMONT C #136
CITY-ST-ZIP	DELRAY BEACH FL 33484	1.4 CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	VD	2.1 TITLE	D
NAME	BRUNO, CHIESA	2.2 NAME	COWIN, MAURY
STREET ADDRESS	PIEDMONT C #116	2.3 STREET ADDRESS	PIEDMONT C
CITY-ST-ZIP	DELRAY BEACH FL 33484	2.4 CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	SD	3.1 TITLE	D
NAME	FAUSNER, HELEN	3.2 NAME	SCHESHTER, SIDNEY
STREET ADDRESS	PIEDMONT C #114	3.3 STREET ADDRESS	PIEDMONT C
CITY-ST-ZIP	DELRAY BEACH FL 33484	3.4 CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	PD	4.1 TITLE	
NAME	GOLDBERGER, BERNARD	4.2 NAME	
STREET ADDRESS	PIEDMONT C #117	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	SD
NAME	KAYE, FLORINE	5.2 NAME	KAYE, FLORINE
STREET ADDRESS	PIEDMONT C #102	5.3 STREET ADDRESS	PIEDMONT C #102
CITY-ST-ZIP	DELRAY BEACH FL 33484	5.4 CITY-ST-ZIP	DELRAY BEACH, FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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* 4/12/96 407 374-7101  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)