

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749480

(0)

1. Corporation Name

PIEDMONT "C" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SPECIALTY MANAGEMENT COMPANY
220 CONGRESS PARK DR., STE. 400/30
DELRAY BEACH FL 33445

C/O SPECIALTY MANAGEMENT COMPANY
220 CONGRESS PARK DR., STE. 400/30
DELRAY BEACH FL 33445



3. Date Incorporated or Qualified
10/23/1979

3a. Date of Last Report
07/11/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOVEN, RANDI GLICK
1115 EAST BROWARD BLVD.
FT. LAUDERDALE FL 33301**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, MAX	
STREET ADDRESS	PIEDMONT C #115	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRUNO, CHIESA	
STREET ADDRESS	PIEDMONT C #116	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FAUSNER, HELEN	
STREET ADDRESS	PIEDMONT C #114	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOLDBERGER, BERNARD	
STREET ADDRESS	PIEDMONT C #117	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAYE, FLORINE	
STREET ADDRESS	PIEDMONT C #102	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RUBIN, GUS	
1.3 STREET ADDRESS	PIEDMONT C #136	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COWIN, MAURY	
2.3 STREET ADDRESS	PIEDMONT C	
2.4 CITY-ST-ZIP	DELRAY BEACH, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SCHESHTER, SIDNEY	
3.3 STREET ADDRESS	PIEDMONT C	
3.4 CITY-ST-ZIP	DELRAY BEACH, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KAYE, FLORINE	
5.3 STREET ADDRESS	PIEDMONT C #102	
5.4 CITY-ST-ZIP	DELRAY BEACH, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

407 374-7101

Date

Daytime Phone #

CR2E037 (12/95)