

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

**FILED**

**May 01 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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. 130  
DELRAY BEACH FL 33445

3. Date Incorporated or Qualified **10/23/1979** 3a. Date of Last Report **04/16/1996**  
Number **59-2058370** Applied For  
Not Applicable

**PRIME MGMT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487**  
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Certificate of Status Desired  **\$8.75 Additional Fee Required**  
Election Campaign Financing at Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

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]* (NOTE: Registered Agent signature required when reinstating) DATE **4/21/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>SCHecter, SIDUEY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERNSTEIN, MAX</b>	1.2 NAME	<b>131 PIEDMONT C</b>
STREET ADDRESS	<b>PIEDMONT C #115</b>	1.3 STREET ADDRESS	<b>DELRAY BEACH FL 33484</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	1.4 CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>COVINO MAURY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRUNO, CHIESA</b>	2.2 NAME	<b>122 PIEDMONT C</b>
STREET ADDRESS	<b>PIEDMONT C #118</b>	2.3 STREET ADDRESS	<b>DELRAY BEACH FL 33484</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	2.4 CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>RICAMAN, THILIP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FLORINE, KAYE</b>	3.2 NAME	<b>127 PIEDMONT C</b>
STREET ADDRESS	<b>PIEDMONT C #102</b>	3.3 STREET ADDRESS	<b>DELRAY BEACH FL 33484</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	3.4 CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	*****
NAME	<b>GOLDBERGER, BERNARD</b>	4.2 NAME	*****
STREET ADDRESS	<b>PIEDMONT C #117</b>	4.3 STREET ADDRESS	*****
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	4.4 CITY-ST-ZIP	*****
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	*****
NAME	<b>KAYE, FLORINE</b>	5.2 NAME	*****
STREET ADDRESS	<b>PIEDMONT C #102</b>	5.3 STREET ADDRESS	*****
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	5.4 CITY-ST-ZIP	*****
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	*****
NAME	<b>RUBIN, GUS</b>	6.2 NAME	*****
STREET ADDRESS	<b>PIEDMONT C #136</b>	6.3 STREET ADDRESS	*****
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	6.4 CITY-ST-ZIP	*****

14. I do 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.

SIGNATURE: *[Signature]* **REQUIRE** **RESIDENT** DATE **4/17/97** Daytime Phone # **0043160**

CR2E037 (9/96)