

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 749480 (0)**

1. Corporation Name  
**PIEDMONT "C" ASSOCIATION, INC.**



Principal Place of Business <b>PRIME MGMT GROUP INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US</b>	Mailing Address <b>PRIME MGMT GROUP INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US</b>
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3. Date Incorporated or Qualified  
**10/23/1979**

4. FEI Number  
**59-2058370**

Applied For  
 Not Applicable

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP SCHECTER, SIDNEY 131 PIEDMONT DELRAY BEACH FL	1.1 TITLE	<input type="checkbox"/> DELETE
NAME		1.2 NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		1.3 STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	VD BRUNO, CHESA PIEDMONT C #116 DELRAY BEACH FL 33484	2.1 TITLE	<input type="checkbox"/> DELETE
NAME		2.2 NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		2.3 STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	SD FLORINE, KAYE PIEDMONT C #102 DELRAY BEACH FL 33484	3.1 TITLE	<input type="checkbox"/> DELETE
NAME		3.2 NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		3.3 STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	PD GOLDBERGER, BERNARD PIEDMONT C #117 DELRAY BEACH FL 33484	4.1 TITLE	<input type="checkbox"/> DELETE
NAME		4.2 NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		4.3 STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	<del>TD</del> <del>COWIN, MAURY</del> <del>122 PIEDMONT</del> <del>DELRAY BEACH FL</del>	5.1 TITLE	<input checked="" type="checkbox"/> DELETE
NAME		5.2 NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS		5.3 STREET ADDRESS	<input checked="" type="checkbox"/> DELETE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
TITLE	D RICHMAN, PHILIP 127 PIEDMONT DELRAY BEACH FL	6.1 TITLE	<input checked="" type="checkbox"/> DELETE
NAME		6.2 NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS		6.3 STREET ADDRESS	<input checked="" type="checkbox"/> DELETE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE

TD RICHMAN, PHILIP 127 PIEDMONT C DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D HOLTZ, ARTHUR PIEDMONT C 120 DELRAY BEACH FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D GOLDIE PHIBNIK PIEDMONT C 141 DELRAY BEACH, FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: **PHILIP RICHMAN** REQUIRED *Philip Richman* 4/23/98

CR2E037 (10/97)