Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90013 015 \*\*\*\*61.25

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

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **749480**

1. Corporation Name

PIEDMONT "C" ASSOCIATION, INC.							
Principal Place of Business Mailing Address						- <del></del>	
PRIME MGMT GROUP INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US  PRIME MGMT GROUP INC. 6300 PARK OF COMMERCE B BOCA RATON FL 33487 US				BLVD.			
2. Principal Place of Business		2a.	· Mailing Address			3. Date incorporated or Qualifed	
21		26				10/23/1979 4. FEI Number   Applied For	
Suite, Apt. #, etc.		$\vdash$	Suite, Apt. #, etc.			59-2058370   Not Applicable	
City & State		27	City & State			\$8:75 Additional	
23			ı '			5. Certificate of Status Desired Fee Required	
Zip	Country	28	Zip Country			6. Election Campaign Financing \$5.00 May Be	
24	25	29	30	i]		Trust Fund Contribution Added to Fees	
	9. Name and Address of Current	Regis	tered Agent			10. Name and Address of New Registered Agent	
	,			81	Name	1.	
SWATT, MYRON				82	82 Street Address (P.O. Box Number is Not Acceptable)		
6300 PARK OF COMMERCE BLVD.							
BOCA RATON FL 33487				83			
i				84	City	FL 85 Zip Code	
the sharp of the purpose of changing its registered							
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						squired when reinstating) DATE	
12.	Signature, typed or printed name of registered agent of OFFICERS AND			13.	it signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	DINE	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	SCHECTER, SIDNEY		_	1.2 NAME			
STREET ADDRESS	131 PIEDMONT		•	1.3 STREET	ADDRESS	· \	
CITY-ST-ZIP	DELRAY BEACH FL		,	1.4 CITY-S	T-ZIP	·	
TITLE	VD .		DELETE	2.1 TITLE		↑ Change □ Addition C	
NAME	BRUNO, CHIESA		~ A	2.2 NAME		Brono, Chiesa 116 Piedmont	
STREET ADDRESS	PIEDMONT C #116			2.3 STREET	ADDRESS	Bronologic	
CITY-ST-ZIP	DELRAY BEACH FL 33484		<u> </u>	.2.4 CITY-S	T-ZIP	116 Pieamont	
TITLÉ	SD		DELETE,	3.1 TITLE		☐ Change ☐ Addition	
NAME	FLORINE, KAYE			3.2 NAME	l	·	
STREET ADDRESS	PIEDMONT C #102		-		T ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33484			3.4. CITY-5	T-ZIP	☐ Change ☐ Addition	
TITLÉ	PD		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	GOLDBERGER, BERNARD			4. 2 NAME	,		
STREET ADDRESS	PIEDMONT C #117				TADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33484		Figure	4.4 CITY-S	T-ZIP	☐ Change ☐ Addition	
TITLE	TD		☐ DELETE	5.1 TITLE 5.2 NAME	· 1	Change Modulon	
NAME	RICHMAN, PHILIP			J.Z POWIC		· ·	

CITY-ST-ZIP: **DELRAY BCH FL 33484** 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 repeiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in all other like empowered. Block 12 or Block 13 if changed, or on an at

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

127 PIEDMONT C

HOLTZ, ARTHUR

PIEDMONT C 120

**DELRAY BCH FL 33484** 

Change

Addition