
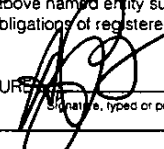
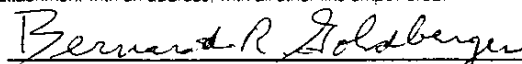


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90181 010 \*\*\*\*61.25

<b>DOCUMENT # 749480</b> 1. Entity Name <b>PIEDMONT "C" ASSOCIATION, INC.</b>					
Principal Place of Business <b>PRIME MGMT GROUP INC.</b> <b>6300 PARK OF COMMERCE BLVD.</b> <b>BOCA RATON, FL 33487 US</b>			Mailing Address <b>PRIME MGMT GROUP INC.</b> <b>6300 PARK OF COMMERCE BLVD.</b> <b>BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2058370</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BERNSTEIN, ARNIE</b> <b>PIEDMONT C ASSOCIATION</b> <b>6300 PARK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487</b>				7. Name and Address of New Registered Agent Name <b>Piedmont C</b> Street Address (P.O. Box Number is Not Acceptable) <b>6300 Park of Commerce Blvd.</b> City <b>Boca Raton</b> FL <b>33487</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 					
Filing Fee is <b>\$61.25</b> <b>Due by May 1, 2007</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>					
\$5.00 May Be Added to Fees					
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>LEVINE, MORRIS</b> <b>133 PIEDMONT C</b> <b>DELRAY BEACH, FL 33484</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete <b>ROTHENBERG, LEE</b> <b>111 PIEDMONT C</b> <b>DELRAY BEACH, FL 33484</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>GOLDBERGER, BERNARD</b> <b>PIEDMONT C #117</b> <b>DELRAY BEACH, FL 33484</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete <b>RICHMAN, PHILIP</b> <b>127 PIEDMONT C</b> <b>DELRAY BCH, FL 33484</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CHIESA, ANN</b> <b>116 PIEDMONT C</b> <b>DELRAY BCH, FL 33484</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WILENCHIK, SELMA</b> <b>97 PIEDMONT C</b> <b>DELRAY BEACH, FL 33484</b>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WILENCHIK, SELMA</b>					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4/8/2007</b> Daytime Phone #					

40060217



01292007 Chg-NP CR2E037 (12/06)