

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 # N27740 (2)
1. Corporation Name
THE PIERRE ASSOCIATION, INC.



Principal Place of Business: **455 LONGBOAT CLUB RD. LONGBOAT KEY FL 34228 US**
Mailing Address: **455 LONGBOAT CLUB RD. LONGBOAT KEY FL 34228 US**

3. Date Incorporated or Qualified: **08/03/1988**
3a. Date of Last Report: **03/01/1995**
4. FEI Number: **65-0215888**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent: **MOORE, ROBERT L
544 BAY ISLES RD.
LONGBOAT KEY FL 34228**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): **227 NOKOMIS AVE. S.**, 83, 84 City: **VENICE**, 85 Zip Code: **FL 34284**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, STUART	1.2 NAME	SAMUEL GOLDBLATT
STREET ADDRESS	455 LONGBOAT CLUB RD., #604	1.3 STREET ADDRESS	455 LONGBOAT CLUB Rd #301
CITY - ST - ZIP	LONGBOAT KEY FL 34228	1.4 CITY - ST - ZIP	LONGBOAT KEY FL 34228
TITLE	D UP-D <input type="checkbox"/> DELETE	2.1 TITLE	VICE Pres - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIDL, RICHARD	2.2 NAME	
STREET ADDRESS	455 LONGBOAT CLUB RD., #808	2.3 STREET ADDRESS	
CITY - ST - ZIP	LONGBOAT KEY FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, ANTHONY J.	3.2 NAME	
STREET ADDRESS	455 LONGBOAT CLUB RD., PH-A	3.3 STREET ADDRESS	
CITY - ST - ZIP	LONGBOAT KEY FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	PRESIDENT / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDMOND, TERENCE	4.2 NAME	
STREET ADDRESS	455 LONGBOAT CLUB ROAD #801	4.3 STREET ADDRESS	
CITY - ST - ZIP	LONGBOAT KEY FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, MARVIN	5.2 NAME	
STREET ADDRESS	455 LONGBOAT CLUB RD., #PH-3	5.3 STREET ADDRESS	
CITY - ST - ZIP	LONGBOAT KEY FL 34228	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Terence B. Redmond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-9-97 Daytime Phone #: 407-292-8245

CR2E037 (12/95)