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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27740 (2)
 1. Corporation Name
THE PIERRE ASSOCIATION, INC.



Principal Place of Business 455 LONGBOAT CLUB RD. LONGBOAT KEY FL 34226 US	Mailing Address 455 LONGBOAT CLUB RD. LONGBOAT KEY FL 34226 US
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3. Date Incorporated or Qualified 08/03/1988	
4. FEI Number 65-0215888	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent MOORE, ROBERT L 807 NOKOMIS AVENUE SOUTH VENICE FL 34284	10. Name and Address of New Registered Agent 81 Name Jayne Cory 82 Street Address P.O. Box Number is Not Acceptable 455 Longboat Club Rd PL3 83 84 City Longboat Key FL 85 Zip Code 34228
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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: Jayne Cory (NOTE: Registered Agent signature required when reinstating) DATE: **5-11-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME GOLDBLATT, SAMUEL	1.1 TITLE D	1.2 NAME CAROL Green
STREET ADDRESS 455 LONGBOAT CLUB ROAD 301	CITY-ST-ZIP LONGBOAT KEY FL	1.3 STREET ADDRESS 455 Longboat Club Rd 305	1.4 CITY-ST-ZIP LONGBOAT KEY FL
TITLE VPD	NAME FRIDL, RICHARD	2.1 TITLE PRESIDENT	2.2 NAME
STREET ADDRESS 455 LONGBOAT CLUB RD., #808	CITY-ST-ZIP LONGBOAT KEY FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE D	NAME PETERS, ANTHONY J.	3.1 TITLE D	3.2 NAME
STREET ADDRESS 455 LONGBOAT CLUB RD PH-8	CITY-ST-ZIP LONGBOAT KEY FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE PD	NAME REDMOND, TERENCE	4.1 TITLE	4.2 NAME
STREET ADDRESS 455 LONGBOAT CLUB ROAD #801	CITY-ST-ZIP LONGBOAT KEY FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE D	NAME SILVER, JUNE	5.1 TITLE VP	5.2 NAME
STREET ADDRESS 455 LONGBOAT CLUB RD. #701	CITY-ST-ZIP LONGBOAT KEY FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE D	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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: Jayne Cory Secretary DATE: **5-11-98** 941 383 8345

CR2E037 (10/97)