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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N27740

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 30

3. Date Incorporated or Qualified

08/03/1988

4. FEI Number

65-0215888

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JAYNE CORY  
 455 LONGBOAT CLUB RD PL3  
 LONGBOAT KEY FL 34228

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  DELETE  
 NAME CAROL GREEN  
 STREET ADDRESS 455 LONGBOAT CLUB RD 305  
 CITY-ST-ZIP LONGBOAT KEY FL

TITLE P  DELETE  
 NAME FRIDL, RICHARD  
 STREET ADDRESS 455 LONGBOAT CLUB RD., #808  
 CITY-ST-ZIP LONGBOAT KEY FL

TITLE D  DELETE  
 NAME PETERS, ANTHONY J.  
 STREET ADDRESS 455 LONGBOAT CLUB RD PH-8  
 CITY-ST-ZIP LONGBOAT KEY FL

TITLE PD  DELETE  
 NAME REDMOND, TERENCE  
 STREET ADDRESS 455 LONGBOAT CLUB ROAD #801  
 CITY-ST-ZIP LONGBOAT KEY FL

TITLE VP  DELETE  
 NAME SILVER, JUNE  
 STREET ADDRESS 455 LONGBOAT CLUB RD. #701  
 CITY-ST-ZIP LONGBOAT KEY FL

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Joseph Weinberger  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS 455 Long boat Club Rd #405  
 1.4 CITY-ST-ZIP LONGBOAT Key FL 34228

2.1 TITLE D  Change  Addition  
 2.2 NAME DR Gerald Ross  
 2.3 STREET ADDRESS 455 LONGBOAT Club Rd #PH1  
 2.4 CITY-ST-ZIP LONGBOAT Key FL 34228

3.1 TITLE D  Change  Addition  
 3.2 NAME Dorothy Gordon  
 3.3 STREET ADDRESS 455 Longboat Club Rd #608  
 3.4 CITY-ST-ZIP Longboat Key FL 34228

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 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, with all other like empowered.

SIGNATURE:

*Jayne Cory* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Jayne Cory 3-2-99 941-383-8345  
 Date Daytime Phone #

CR2E037 (11/98)