


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90001 011 \*\*\*\*61.25

**DOCUMENT # N27740**

1. Entity 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**

**54069940**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
**Suite 201**

3. Mailing Address  
**545 Bay Isles Rd**  
 Suite, Apt. #, etc.  
**Suite 201**

07072004 Chg-NP CR2E037 (10/03)

City & State  
**Longboat Key, FL**

Zip  
**34228**

Country  
**US**

4. FEI Number  
**65-0215888**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**KOHR, NAN  
 455 LONGBOAT CLUB RD.  
 LONGBOAT KEY, FL 34228**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
 Name **Beth Callans Management Corp.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**545 Bay Isles Rd.**  
 Suite 201  
 City **Longboat Key FL** Zip Code **34228**

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 **Beth Callans, Pres.** *X Beth Callans*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	DVP ROSE, JULES 455 LONGBOAT CLUB RD. #PH8 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ISRAELOFF, ROBERT 455 LONGBOAT CLUB DR. #704 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KLAZMER, BERNIE 455 LONGBOAT CLUB RD. #PH3 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENO, LEIGH 455 LONGBOAT CLUB RD. #701 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVER, PHILLIP 455 LONGBOAT CLUB DR. #701 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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	Sec DR. Gerald Boss 455 Longboat Club Road Longboat Key, FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Richard Fridl 455 Longboat Club Road Longboat Key, FL 34228 <input checked="" 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	Member at Large MR. IRVINE Lowenstein 455 Club Longboat Rd # 308 Longboat Key FL, 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:** *X [Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #