


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90053 013 ****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 595 BAY ISLES RD STE 201 LONGBOAT KEY, FL 34228 US	
2. Principal Place of Business		3. Mailing Address 2477 Stickney Point Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 118-A	
City & State		City & State Sarasota, FL	
Zip	Country	Zip	Country
34231		34231	
4. FEI Number 65-0215888		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BETH CALLANS MANAGEMENT CORP 595 BAY ISLES RD STE 201 LONGBOAT KEY, FL 34228		Name Argus Property Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 2477 Stickney Point Rd. # 118-A City Sarasota FL Zip Code 34231	
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: <i>Deborah M. Gifford - Administrator</i>		DATE: 3-18-05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROSE, JULES 455 LONGBOAT CLUB RD. #PHB LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSE, JULES 455 LONGBOAT CLUB ROAD PHB LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, GERALD DR 455 LONGBOAT CLUB RD LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEDGLEY, RIC 455 LONGBOAT CLUB ROAD # 506 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FSIDL, R CHAED 455 LONGBOAT CLUB RD LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRIDL, RICHARD 455 LONGBOAT CLUB ROAD # 308 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENO, LEIGH 455 LONGBOAT CLUB RD. #701 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL LOWENSTEIN, IRVINE 455 CLUB LONGBOAT RD # 308 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OVP LOWENSTEIN, IRWIN 455 LONGBOAT CLUB 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL GRIFFITHS, MICHAEL 455 LONGBOAT CLUB ROAD # 904 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Change <input checked="" 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 an other like empowered.			
SIGNATURE: <i>X</i>		Date: 3/18/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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