

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90243 020 ****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

2477 STICKNEY POINT RD
 118-A
 SARASOTA FL 34231
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0215888

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARGUS PROPERTY MANAGEMENT, INC
 2477 STICKNEY POINT RD
 118-A
 SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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	DP	<input type="checkbox"/> Delete
NAME	ROSE, JULES	
STREET ADDRESS	455 LONGBOAT CLUB RD. #PHB	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEDELEY, RIC	
STREET ADDRESS	455 LONGBOAT CLUB RD #506	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRIDL, RICHARD	
STREET ADDRESS	455 LONGBOAT CLUB RD #808	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LOWENSTEIN, IRVINE	
STREET ADDRESS	455 CLUB LONGBOAT RD # 308	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	MAL	<input type="checkbox"/> Delete
NAME	GRIFFITHS, MICHAEL	
STREET ADDRESS	455 LONGBOAT CLUB RD #904	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, JULES	
STREET ADDRESS	455 LONGBOAT CLUB RD PHB	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEOGLEY, RICHARD	
STREET ADDRESS	455 LONGBOAT CLUB RD #506	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIDL, RICHARD	
STREET ADDRESS	455 LONGBOAT CLUB RD. #808	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	UP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWENSTEIN, IRWIN	
STREET ADDRESS	455 LONGBOAT CLUB RD #308	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	MAL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITHS, MICHAEL	
STREET ADDRESS	455 LONGBOAT CLUB Rd. 904	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

R. Fridl