

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90071 036 ****61.25

DOCUMENT # N27740

1. Entity Name

THE PIERRE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

455 LONGBOAT CLUB RD.
LONGBOAT KEY FL 34228
US

2477 STICKNEY POINT RD
118-A
SARASOTA FL 34231
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

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 reinstalling)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P ☐ Delete
NAME: ROSE, JULES
STREET ADDRESS: 455 LONGBOAT CLUB RD. #PH8
CITY-STATE-ZIP: LONGBOAT KEY FL 34228

TITLE: ☐ Change ☐ Addition
NAME: *P JULES ROSE*
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: S ☐ Delete
NAME: ~~SEDGLEY, RICHARD~~
STREET ADDRESS: ~~455 LONGBOAT CLUB RD #506~~
CITY-STATE-ZIP: ~~LONGBOAT KEY FL 34228~~

TITLE: ☐ Change ☐ Addition
NAME: *S MICHAEL GRIFFITHS*
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: T ☐ Delete
NAME: FRIDL, RICHARD
STREET ADDRESS: ~~455 LONGBOAT CLUB RD #806~~
CITY-STATE-ZIP: ~~LONGBOAT KEY FL 34228~~

TITLE: ☐ Change ☐ Addition
NAME: *SAME*
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: VP ☐ Delete
NAME: LOWENSTEIN, IRWIN
STREET ADDRESS: 455 CLUB LONGBOAT RD # 308
CITY-STATE-ZIP: LONGBOAT KEY FL 34228

TITLE: ☐ Change ☐ Addition
NAME: *SAME*
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: MAL ☐ Delete
NAME: GRIFFITHS, MICHAEL
STREET ADDRESS: 455 LONGBOAT CLUB RD #904
CITY-STATE-ZIP: LONGBOAT KEY FL 34228

TITLE: ☒ Change ☒ Addition
NAME: *MAL GERALD ROSS*
STREET ADDRESS: *455 LONGBOAT CLUB RD PH-1*
CITY-STATE-ZIP: *LONGBOAT Key, FL 34228*

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #