

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27740

FILED
Apr 17, 2009
Secretary of State

Entity Name: THE PIERRE ASSOCIATION, INC.

Current Principal Place of Business:

455 LONGBOAT CLUB RD.
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

Current Mailing Address:

2477 STICKNEY POINT RD
118-A
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 65-0215888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JULES, ROSE
Address: 455 LONGBOAT CLUB RD. #PH8
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MAL () Delete
Name: ROSS, GERALD
Address: 455 LONGBOAT CLUB RD PH1
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MAL () Delete
Name: MCGOUGH, TIMOTHY
Address: 455 LONFBOAD CLUB RD. #505
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP () Delete
Name: LOWENSTEIN, IRWIN
Address: 455 CLUB LONGBOAT RD # 308
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S () Delete
Name: GRIFFITHS, MICHAEL
Address: 455 LONGBOAT CLUB RD #904
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KAUFFMAN, MARK
Address: 455 LONGBOAT CLUB RD #904
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULES ROSE

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

Date