

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001212

FILED
Mar 14, 2004
Secretary of State**Entity Name:** PINEAPPLE PLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**95 NE 4TH AVE
BOX # 8
DELRAY BEACH, FL 33483**New Principal Place of Business:****Current Mailing Address:**95 NE 4TH AVE
BOX # 8
DELRAY BEACH, FL 33483**New Mailing Address:****FEI Number:** 65-1090237**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOEL, RIERSON
95 NE 4TH AVE
SUITE # 8
DELRAY BEACH, FL 33483**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:** PD () Delete
Name: RIERSON, JOEL
Address: 95 NE 4TH AVE # 6
City-St-Zip: DELRAY BEACH, FL 33483**Title:** SDT () Delete
Name: BRITTINGHAM, WAYNE
Address: 95 NE 4TH AVE # 2
City-St-Zip: DELRAY BEACH, FL 33483**Title:** D () Delete
Name: DIETZ, CHRISTIAN
Address: 95 NE 4TH AVE # 5
City-St-Zip: DELRAY BEACH, FL 33483**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SDT (X) Change () Addition
Name: REGALIS, AL
Address: 95 NE 4TH AVE # 4
City-St-Zip: DELRAY BEACH, FL 33483**Title:** D (X) Change () Addition
Name: DOCKERTY, NANCY
Address: 95 NE 4TH AVE # 1
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOEL RIERSON

PD

03/14/2004

Electronic Signature of Signing Officer or Director_____
Date