

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001212

FILED  
Mar 14, 2005  
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 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: PD ( ) Delete  
Name: RIERSON, JOEL  
Address: 95 NE 4TH AVE # 6  
City-St-Zip: DELRAY BEACH, FL 33483

Title: SDT ( ) Delete  
Name: REGALIS, AL  
Address: 95 NE 4TH AVE # 4  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete  
Name: DOCKERTY, NANCY  
Address: 95 NE 4TH AVE # 1  
City-St-Zip: DELRAY BEACH, FL 33483

**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:

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

03/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date