

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2007  
Secretary of State**

DOCUMENT# N02000007944

**Entity Name:** PINEAPPLE VILLAGE TOWNHOMES NORTH HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1060 HOLLAND DRIVE  
3-D  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

1060 HOLLAND DRIVE  
3-D  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 06-1657728      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONSOVOY, BARRY K  
1060 HOLLAND DRIVE  
3-D  
BOCA RATON, FL 33487 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: STAIRS, KAREN  
Address: 602 N. FEDERAL HIGHWAY #09  
City-St-Zip: LAKE WORTH, FL 33461

Title: TD ( ) Delete  
Name: ALLISON, MICHAEL  
Address: 602 N FEDERAL HIGHWAY #16  
City-St-Zip: LAKE WORTH, FL 33461

Title: SD ( ) Delete  
Name: HUGHES, CHRISTOPHER  
Address: 602 N. FEDERAL HIGHWAY #8  
City-St-Zip: LAKE WORTH, FL 33461

Title: VPD (X) Delete  
Name: WILSON, GRACE  
Address: 602 N. FEDERAL HIGHWAY # 14  
City-St-Zip: LAKE WORTH, FL 33461

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPT (X) Change ( ) Addition  
Name: ALLISON, MICHAEL  
Address: 602 N FEDERAL HIGHWAY #16  
City-St-Zip: LAKE WORTH, FL 33461

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 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: KAREN STAIRS

P

04/28/2007

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

\_\_\_\_\_  
Date