

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007944

FILED
Mar 08, 2009
Secretary of State

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

Current Principal Place of Business:

2419 N UNIVERSITY DR
CORAL SPRINGS, FL 33065

New Principal Place of Business:

325 CLEMATIS STREET
202
WEST PALM BEACH, FL 33401

Current Mailing Address:

2419 N UNIVERSITY DR
CORAL SPRINGS, FL 33065

New Mailing Address:

325 CLEMATIS STREET
202
WEST PALM BEACH, FL 33401

FEI Number: 06-1657728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELFAND, MICHAEL J
1555 PALM BEACH LAKES BLVD
#1220
WEST PALM BEACH, FL 33401 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: AUGUSTYN, JULIE
Address: 602 S FEDERAL HWY #15
City-St-Zip: LAKE WORTH, FL 33460

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: VD () Delete
Name: WILSON, GRACE
Address: 602 S FEDERAL HWY #14
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: WILSON, GRACE
Address: 602 N FEDERAL HIGHWAY #14
City-St-Zip: LAKE WORTH, FL 33460

Title: SD (X) Change () Addition
Name: HUGHES, CHRISTOPHER
Address: 602 N. FEDERAL HIGHWAY #8
City-St-Zip: LAKE WORTH, FL 33460

Title: TD (X) Change () Addition
Name: BILLETER, GREGG
Address: 602 S FEDERAL HWY #12
City-St-Zip: LAKE WORTH, FL 33460

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: MICHAEL ALLISON

MGR

03/08/2009

Electronic Signature of Signing Officer or Director

Date