



FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90015 003 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000002773					
1. Entity Name PINEAPPLE GROVE ARTWALK, INC.					
Principal Place of Business 104 W ATLANTIC AVE DELRAY BEACH, FL 33444		Mailing Address 104 W ATLANTIC AVE DELRAY BEACH, FL 33444			
2. Principal Place of Business 220 N.E. 1ST ST. Suite, Apt. #, etc.		3. Mailing Address 220 NE 1ST ST Suite, Apt. #, etc.		 03032004 Chg-NP CR2E037 (10/03)	
City & State DELRAY BEACH FL		City & State DELRAY BEACH FL		4. FEI Number 65-0835220	
Zip 33444		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BEALE, DAVID A DAVID A. BEALE, P.A. 355 N.E. FIFTH AVENUE - SUITE 1 DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name: BEALE, DAVID A. Street Address (P.O. Box Number is Not Acceptable): DAVID A. BEALE, PA. 355 NE 5TH AVENUE - SUITE 1 City: DELRAY BEACH FL Zip Code: 33483		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>David A. Beale</u> (DAVID A. BEALE)		DATE: <u>March 4, 2004</u>			
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEWART, NANCY 105 S E 1ST AVENUE DELRAY BEACH, FL 33444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2P BOONE, CECILIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 220 NE 1ST STREET DELRAY BEACH, FL 33444		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BEALE, DAVID A <input type="checkbox"/> Delete 355 NE 5TH AVENUE STE 1 DELRAY BEACH, FL 33403	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCKENNA, JOHN <input checked="" type="checkbox"/> Delete 279 PINEAPPLE GROVE WAY DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ONNEN, JANET <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 220 NE 1ST STREET DELRAY BEACH, FL 33444		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BOONE, CECILIA <input checked="" type="checkbox"/> Delete 239 NE 1ST AVE DELRAY BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FISHER, GENE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 247 NE 1ST STREET DELRAY BEACH, FL 33444		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>David A. Beale, Secretary</u>		DATE: <u>3/4/04</u>		Daytime Phone #: <u>(561) 243-1477</u>	