

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002773

FILED
Mar 28, 2005
Secretary of State

Entity Name: PINEAPPLE GROVE ARTWALK, INC.

Current Principal Place of Business:

220 NE 1ST ST
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

220 NE 1ST ST
C/O JANET ONNEN
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-0835220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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 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: DP () Delete
Name: BOONE, CECILIA
Address: 220 NE 1ST ST
City-St-Zip: DELRAY BEACH, FL 33444

Title: DS () Delete
Name: BEALE, DAVID A
Address: 355 NE 5TH AVENUE STE 1
City-St-Zip: DELRAY BEACH, FL 33403

Title: DT () Delete
Name: ONNEN, JANET
Address: 220 NE 1ST STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: DVP () Delete
Name: FISHER, GENE
Address: 247 NE 1ST ST
City-St-Zip: DELRAY BEACH, FL 33444

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:

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: DAVID A. BEALE

DS

03/28/2005

Electronic Signature of Signing Officer or Director

_____ Date