

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90052 048 ****61.25

DOCUMENT # N98000002773

1. Entity Name
PINEAPPLE GROVE ARTWALK, INC.



Principal Place of Business
**298 PINEAPPLE GROVE WAY
DELRAY BEACH, FL 33444**

Mailing Address
**298 PINEAPPLE GROVE WAY
DELRAY BEACH, FL 33444**

2. Principal Place of Business
104 W. ATLANTIC AVE
Suite, Apt. #, etc.

3. Mailing Address
104 W. ATLANTIC AVE
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH, FL.
Zip
33444
Country
PBC

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DELRAY BEACH, FL.
Zip
33444
Country
PBC

4. FEI Number
65-0835220

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature equal to printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when necessary)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CONIGLIARO, ALFONSO 137 E ATLANTIC AVENUE DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STEWART, NANCY 105 S E 1ST AVENUE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BEALE, DAVID A 355 NE 6TH AVENUE STE 1 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCKENNA, JOHN 279 PINEAPPLE GROVE WAY DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NANCY STEWART 105 SE 1ST STREET DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CECELIA BOONE 239 NE 1ST AVENUE DELRAY BEACH,	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(f), 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 917, 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: David A. Beale Secretary David A. Beale 5/7/03 561-243-1166
Signature and typed or printed name of signing officer or director Date Daytime Phone # 1477

CR20037 (10/02)