

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90043 012 ****61.25

DOCUMENT # N00000001212 1. Entity Name PINEAPPLE PLACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 95 NE 4TH AVE BOX # 8 DELRAY BEACH, FL 33483			Mailing Address 95 NE 4TH AVE BOX # 8 DELRAY BEACH, FL 33483		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01142006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-1090237				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOEL RIERSON 95 NE 4TH AVE SUITE # 8 DELRAY BEACH, FL 33483			Name Epstein - Feld, Joni Street Address (P.O. Box Number is Not Acceptable) 95 NE 4th Ave Suite # 8 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 DATE 1/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIERSON, JOEL		NAME		
STREET ADDRESS	95 NE 4TH AVE # 6		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	SDT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REGALIS, AL		NAME		
STREET ADDRESS	95 NE 4TH AVE # 4		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCKERTY, NANCY		NAME		
STREET ADDRESS	95 NE 4TH AVE # 1		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DP Eckler, Donald	
STREET ADDRESS			STREET ADDRESS	95 NE 4th Ave # 4	
CITY-ST-ZIP			CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DVP Rasorella, Karen	
STREET ADDRESS			STREET ADDRESS	95 NE 4th Ave # 2	
CITY-ST-ZIP			CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DT Epstein-Feld, Joni	
STREET ADDRESS			STREET ADDRESS	95 NE 4th Ave # 5	
CITY-ST-ZIP			CITY-ST-ZIP	Delray Beach, FL 33483	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DATE 1/16/06 (954) 344-4205 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					