

NO5000009063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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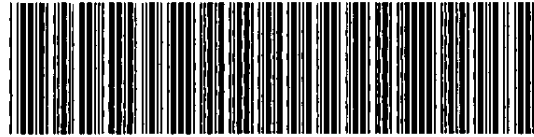
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resign.

TB

MAR 18 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pineapple Grove Condominium of North Palm Beach
(Name of Corporation)

DOCUMENT NUMBER: NO5000009063

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Manzione
(Name of Person)

Point Management Inc.
(Name of Firm/Company)

7000 W. Atlantic Ave
(Address)

Delray Beach FL 33446
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth O'Hara at ()
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

Point Management, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for

Pineapple Grove Condominium
of North Palm Beach Condominium Association Inc.

(Name of Corporation)

N0500000 9063

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Lisa Manzione

(Signature of Resigning Agent)

If signing on behalf of an entity:

Lisa Manzione

(Typed or Printed Name)

Exec. V.P.

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAR 15 AM 11:48

FILED

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314