


FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90022 019 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N06000007194			
1. Entity Name CITY WALK AT PINEAPPLE GROVE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442		Mailing Address 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442	
2. Principal Place of Business - No P.O. Box # 2295 NW CORPORATE BLD.		3. Mailing Address 2295 NW CORPORATE BLD.	
Suite, Apt. #, etc. SUITE 138		Suite, Apt. #, etc. SUITE 138	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33431		Zip 33431	
Country		Country	
6. Name and Address of Current Registered Agent BRECKER, CHARLES D ESQ. 200 EAST LAS OLAS BOULEVARD SUITE 2100 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name HAAG DAVID Street Address (P.O. Box Number is Not Acceptable) 2295 NW CORPORATE BLD. SUITE 138 City BOCA RATON FL Zip Code 33431	
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: <i>David Haag</i> DAVID HAAG DATE: 4/10/07 <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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COREN, GEORGE J 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIMOTHY ADWIS 200 NE 2ND AVE, # 205 DELRAY BEACH, FL 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, LENNIE F 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUSAN BELL 200 NE 2ND AVE, # 409 DELRAY BEACH, FL 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCK, BONITA 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSO NORMAN WYMBBS 200 NE 2ND AVE, # 405 DELRAY BEACH FL, 33444 <input type="checkbox"/> Change <input checked="" 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
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 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: <i>[Signature]</i>		3/14/07 (561) 995-1011	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	