


FILED
Apr 02, 2008 8:00 am
Secretary of State

40057234

DOCUMENT # N06000007194

1. Entity Name
CITY WALK AT PINEAPPLE GROVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2295 NW CORPORATE BLVD
SUITE 138
BOCA RATON, FL 33431

Mailing Address
2295 NW CORPORATE BLVD
SUITE 138
BOCA RATON, FL 33431

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip
Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
Country

6. Name and Address of Current Registered Agent
HAAG, DAVID
2295 NW CORPORATE BLVD
SUITE 138
BOCA RATON, FL 33431

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD ANNIS, TIMOTHY 200 NE AVE #205 DELRAY BEACH, FL 33444
VD BELL, SUSAN 200 NE 2ND AVE #409 DELRAY BEACH, FL 33444
TSD WYMBBS, NORMAN 200 NE 2ND AVE, #405 DELRAY BEACH, FL 33444

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
S/D Lennie Smith 333 NE 2nd Street Delray Beach FL 33444
P/D
V/E/D

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 line empowered.

SIGNATURE: [Signature] 3/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #