2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2008 90030 041 ****61.25

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				40057234							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01082	800	Chg-NP	CI	R2E037	(12/06)		
City & State			City & State				4. FELN 56-	Number -2597	342			_ 	oplied For	
Zip	Country		Zip Cou			5. Certificate of Status Desired						\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. Nam	e and	Address of	New Regis	tered Ag	ent		
HAAG, DAVID 2295 NW CORPORATE BLVD SUITE 138 BOCA RATON, FL 33431					Name Street Address (P.O. Box Number is Not Acceptable)									
					City		FI					Zip Coo	le	
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 na	ame of registered agent and title if	applicable. (NOTE	; Registered	Agent signati	ure required	when reinstat	ting)			DATE			
Filing Fee is \$61.25 / 9. Election Campaign Fi Due by May 1, 2008 9. Election Campaign Fi Trust Fund Contributi							\$5.00 to	May Be Fees				payable the		
10.		FICERS AND DIRECTO	RS	11.			ADDITION	S/CHA	NGES TO C	FFICERS A	ND DIRE	CTORS IN	l 10	
TITLE	PD		Delete Delete		SD	_				(☐ Change	Addition		
NAME	ANNIS, TIMOTHY	, ,	NAME Len			ie Sm	~ ~ 7	بروسل	+			•		
STREET ADDRESS CITY-ST-ZIP	200 NE AVE #205				T ADDRESS	333 NE 2nd Street Delray Beach FL 33444								
	DELRAY BEACH,		-	ST-ZIP		_	eoc	# FL	9277					
TITLE	VD		Delete	TITLE		P/C	>				J	Change	Addition	
NAME STREET ADDRESS	BELL, SUSAN 200 NE 2ND AVE	#400		NAME										
CITY-ST-ZIP	DELRAY BEACH,				t address (
TITLE	TSD Delete			TITLE		D			• •	1	Change	Addition		
NAME	WYMBS, NORMA	Uelete	NAME							,	Change	Addition		
STREET ADDRESS	200 NE 2ND AVE	. #405			T ADDRESS									
CITY-ST-ZIP	DELRAY BEACH, FL 33444			CITY-	SI-ZIP									
TITLE			☐ Delete	TFILE								Change	Addition	
NAME				NAME							•	•		
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CITY-ST-ZIP				CITY-	ST-ZIP									
TITLE			☐ Delete	TITLE								Change	Addition	
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STREET ADDRESS					T ADDRESS									
CITY-ST-ZIP			<u></u>	CITY-	ST-ZIP		•••							
TITLE	•		☐ Detete	TITLE								Change	☐ Addition	
NAME				NAME										
STREET ADDRESS					1 address									
CITY-S1-ZIP CITY-														
12. Thereby of	certify that the informat	tion supplied with this fili	no does not qualify for	the ever	nntione co	hanistor	in Chanto	e 110	Florida State	itee I furthe	or cortifu	that the in	formation	

reflect 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 repeiver 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 arrachment with an address, with all otherwise empowered.

SIGNATURE: _>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #