

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23819 (8)

1. Corporation Name

PINEAPPLE GROVE SUPPORT GROUP, INC.

Principal Place of Business

102 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

Mailing Address

102 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444



3. Date Incorporated or Qualified

12/10/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0030086

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

WEINER, MICHAEL S
C/O MICHAEL S. WEINER & ASSOCS., P.A.
102 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
D	SIEGEL, ANITA	201 N E 1ST AVE	DELRAY BEACH FL	<input checked="" type="checkbox"/>
D	HOLBROOK, KIM	7 SE 5TH AVE	DELRAY BEACH FL	<input checked="" type="checkbox"/>
D	DIAZ, FRED	72 S E 6TH AVE	DELRAY BEACH FL	<input checked="" type="checkbox"/>
P / D	WEINER, MICHAEL S	102 N SWINTON AVE	DELRAY BEACH FL	<input type="checkbox"/>
VP / D	KLAREN, SHARON	504 EAST ATLANTIC AVE	DELRAY BEACH FL	<input type="checkbox"/>
ST / D	TOMPKINS, RANDI S	102 NORTH SWINTON AVE	DELRAY BEACH FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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Change

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Addition

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Change

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Addition

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Change

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Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael S. Weiner President

1/24/96

Date

407
265-2666

Daytime Phone #

CR2E037 (12/95)