2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # N28172** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** PINEAPPLE LANE PROPERTY OWNERS' ASSOCIATION, INC 03-01-2000 90094 018 ****61.25 Principal Place of Business Mailing Address C/O ROLF DRUCKER C/O ROLF DRUCKER 1 PINEAPPLE LANE 1 PINEAPPLE LANE SEWALLS POINT FL 34996-6341 SEWALLS POINT FL 34996 Principal Place of Business Mailing Address Viener Michael DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0278445 Not Applicable Country Markin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Vienec MIULACI Street Áddress (P.O. Box Number is Not Acceptable) DRUCKER, ROLF 1 PINEAPPLE LANE SEWALLS PT FL 34996 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 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition Delete TITLE TITLE Michael Viewer DRUCKER, ROLF NAME NAME 10 Pincapple Land STREET ADDRESS 1 PINEAPPLE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **SEWALLS POINT FL 34996** TITLE Change ☐ Addition Delete TITLE mark Perlman PERIMAN, MARK NAME NAME 9 Pineapple Land STREET ADDRESS STREET ADDRESS 9 PINEAPPLE LN Street, FL 34996 CITY-ST-ZIP CITY-ST-7IP SEWALLS PT FL 34996 Addition ☐ Change TITLE ٧D √Z Delete TITLE DRUCKER, OLGA NAME NAME STREET ADDRESS STREET ADDRESS 1 PINEAPPLE LANE CITY-ST-ZIP CITY-ST-ZIP SEWALLS POINT FL 34996 ☐ Change ☐ Addition Delete TITLE GREENE, RICHARD NAME STREET ADDRESS 2571 PRICE CRT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT ST LUCIE FL 34984 Delete TITLE ☐ Change Addition DRUCKER, OLGA NAME STREET ADDRESS STREET ADDRESS 1 PINEAPPLE LANE CITY-ST-ZIP CITY-ST-ZIP **SEWALLS POINT FL 34996** TITLE ☐ Delete Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 attach text with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP