


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N28172	
1. Entity Name PINEAPPLE LANE PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business C/O ROLF DRUCKER 1PINEAPPLE LANE STUART, FL 34996 US	Mailing Address C/O ROLF DRUCKER 1PINEAPPLE LANE STUART, FL 34996 US
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DO NOT WRITE IN THIS SPACE



03042004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0278445	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DRUCKER, ROLF 1PINEAPPLE LANE STUART, FL 34996

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

000000112958
04/14/04-80043-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAVORSKY, WALTER 4 PINEAPPLE LANE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DRUCKER, ROLF 1 PINEAPPLE LANE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VIENER, KAREN 10 PINEAPPLE LANE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANCASTER, NORWOOD 4738 NW FIFTH PL COCONUT CREEK, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04
Date

PRESIDENT
Daytime Phone #