

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003739

FILED
Mar 26, 2008
Secretary of State

Entity Name: PINEAPPLE GROVE MAIN STREET, INC.

Current Principal Place of Business:

298 PINEAPPLE GROVE WAY
DELRAY BCH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

298 PINEAPPLE GROVE WAY
DELRAY BCH, FL 33444 US

New Mailing Address:

FEI Number: 65-0504315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEALE, DAVID A
DAVID A. BEALE, P.A.
355 NE 5TH AVENUE, SUITE 1
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FISHER, GENE
Address: 247 NE 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: DT () Delete
Name: ONNEN, JANET
Address: 220 NE 1ST STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: DS () Delete
Name: HALUSKA, KARI
Address: 325 NE 2ND STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: DVP () Delete
Name: DEITCH, JIMMY
Address: 206 NE 2ND STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: DVP () Delete
Name: BEALE, DAVID A
Address: 355 NE 5TH AVENUE SUITE 1
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: GRADY, FATIMA M
Address: 5198 VAN BUREN ROAD
City-St-Zip: DELRAY BEACH, FL 33484

Title: DS (X) Change () Addition
Name: BOONE, CECELIA
Address: 325 NE 2ND STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE FISHER

DP

03/26/2008

Electronic Signature of Signing Officer or Director

Date