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NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500004701 (7)

PINEAPPLE PLANTATION PROPERTY OWNERS ASSOCIATION , INC.

Principal Place of Business Mailing Address				T (ODITIEL DIO IDIO) BRIVE BONI DONI DONI DONI BONI BONI BONI BONI BONI BONI BONI B				8811 88181 11E1 1861	
721 N.W. SUNSET DR. STUART FL 34994		721 N.W. SUNSET DR. STUART FL 34994							
					3	3. Date Incorporated or Qualified 10/02/1995	3a. Date of La	st Report	
	ace of Business	2a. Mailing Address	— -			1. FEI Number	X	Applied For	
21 Sittle Ant Histor		26						Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5	5. Certificate of Status Desired		5 Additional B Required	
City & State		City & State				5. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	····	
23		28			`	Trust Fund Contribution		00 May Be ded to Fees	
Žιρ	Country	Zip	Count	ry	ε	3. This corporation has liability for in			
24	25		30				Yes ื No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	8	1 Name	EIA	COBBE FYANK P.O. Box Number is Not Acceptable 21 NW SWIE					
MCCARTHY, TERENCE P				2 Street	Address (l	P.O. Box Number is Not Acceptable)_ ~ (
2081 E.		8	. 63	7	21 NW SUNSE	Orne			
STUART	FL 34996		°	3					
1			8	1 .	STUM			Zip Code 34994	
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 great Architecture. I begat a consistency accept the appointment as registered agent. Lam									
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 abbigation of section £17.0503, Florida Statutes.									
SIGNATURE Signatify 6. typed or printed name of registered agent and title if angle able (NOTE Registered Agent signature required when nanstating) Unit 1									
Signatifie: typed or printed name of registered agent and title if anpiicable (NOTE Re 12. OFFICERS AND DIRECTORS			Registered Ag	ent signature n	required when	manstating) ADDITIONS/CHANGES TO OFFICE	DATE F	IODS IN 19	
TITLE	PSTD	DELETÉ	1.1 TITLE	•		ADDITIONS/GHANGES TO OFFIC	Ens AND DIREC		
NAME	GIACOBBE, FRANK	in the second	1.2 NAM						
STREET ADDRESS	PO BOX 3041		1.3 STRE	ET ADDRESS	721	NUL SUNSET DOVE			
DITY-ST-ZIP	STUART FL 34995	STUART FL 34995		1.4 CITY-ST-ZIP		NW SUNSET DrivE WART, GC 34994			
TITLE	D	DELETE	2 1 TITLE		<u> </u>		☐ Change	Addition	
NAME	MCCARTHY, TERENCE P		2 2 NAM					ĺ	
STREET ADDRESS	2081 E. OCEAN BLVD. 2-A		23 STRE	ET ADDRESS					
CITY-ST-ZIP	STUART FL 34996		2 4 CITY	2 4 CITY - ST - ZIP					
TITLE	D	DELETE	3 1 TITLE			-	Change	Addition	
NAME	POMERANCE, DAVID		3.2 NAM	3.2 NAME					
STREET ADDRESS	2421 S.E. BAHIA WAY			3 3 STREET ADDRESS					
CITY-ST-ZIP	STUART FL 34996	Contract	3 4. CITY		ļ		F-1.0\	The Address	
TITLE		DELETE	4 1 TITLE				Change	e	
NAME OTREET LEROSES			4. 2 NAM						
STREET ADDRESS				ET ADDRESS					
CITY - ST - ZIP TITLE		DELETE	4.4 City 5.1 Title				Change	Addition	
NAME		Phoeene	5.2 NAM				[] Unange	,	
STREET ADDRESS				ET ADDRESS	ł			İ	
CITY-ST-ZIP			5.4 CITY			~~~~~			
TITLE		DELETE	6.1 THLE		1	90000177 -04/15/960101		Addition	
NAME		_	6.2 NAM			-04/15/960101 ***81.25	. 3003 """		
STREET ADDRESS			6 3 STRE	et address		ককক01. ८ ১			

CITY-ST-ZIP

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 cath; 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:

QNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96 (407) 221-8395 Daytime Phone #

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