FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

N95000004701 (7) DOCUMENT #

PINEAPPLE PLANTATION PROPERTY OWNERS ASSOCIATION , INC.

Mailing Address

Principal Place of Business

FILED Mar 05 1997 8:00am Secretary of State



721 N.W. SUNSET DR. STUART FL 34994		721 N.W. SUNSET DR. STUART FL 34994-7614					
					3. Date Incorporated or Qualified 10/02/1995	3a. Date of La 04/12	st Report /1996
Principal Place of Business 2a. Mailing Address					4. FEI Number	1	Applied For
21 57] Haverty Ct. 26 P.O. Box 5			61118		APPLIED FOR		Not Applicable
Suite, Apt. #, etc. 22 Suite W 27 Suite, Apt. #, etc.					5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State City & State				,	6. Election Campaign Financing	\$5.	00 May Be
23 Rockledge, Florida 28 Rockledge,				rida	Trust Fund Contribution		ed to Fees
Zip Country Zip 24 32955 25 Brevard 29 32956-1118				Country 8. This corporation has like Brevard Florida Statutes		bility for intangible tax under s. 199.032, Yes No	
	9. Name and Address of Current			- Y C4 & 54	10. Name and Address of New Reg		
			81	Name	Devon S. Rushnell		
GIACOBBE, FRANK P				1			
721 NW SUNSET DRIVE				SUBBLA	treet Addless (P.O. Box Number is Not Acceptable) 571 Haverty Court Suite W		
STUART FL 34994				83			
	^ -						
1	\wedge		64	City	Rockledge	FL 85	32955
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the above	e-named c	orporation submits this statement for the p	urpose of changi	ng its registered
agent. I a	am tamilia with, and accept the obliga	tions of, Section 617 0503, Flori	ida Statute	11	oration's board of directors. I hereby accep	\ a	. as 15g.0.0.00
SIGNATURE	Stonalure wood of printed name of registered agen	PROJ S. KUSH		Wesie	Let 2	1197	·····
12.	Signature (upper of printed name of registered agen OFFICERS AND		Registered Age	ent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIREC	TORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE		DP	X Cha	
NAME	GIACOBBE, FRANK		1.2 NAME		DEVON S. RUSHNELL		
STREET ADDRESS	721 NW SUNSET DRIVE		1.3 STREET	2239004	571 HAVERTY COURT	SHITTE W	
City-St-Zip	STUART FL 34994		1.4 CITY-5		ROCKLEDGE, FLORIDA		
TITLE	D	DELETE	2.1 TITLE	71 - 211	DVP	X Cha	nge Addition
NAME	MCCARTHY, TERENCE P		2.2 NAME		CHRISTIN CUPP	4-	-
STREET ADDRESS	2081 E. OCEAN BLVD. 2-A		2.3 STREET	ADDRESS	571 HAVERTY COURT	SUITE W	
CITY-ST-ZIP	STUART FL 34996		2. 4 CITY-		ROCKLEDGE, FLORIDA		
TITLE	D	DELETE	3.1 TITLE		DST	Cha	nge Addition
NAME	POMERANCE, DAVID	•	3.2 NAME		LOU PARATORE	n	
STREET ADDRESS	2421 S.E. BAHIA WAY		3.3 STREET	ADDRESS	571 HAVERTY COURT	CUTME W	
CITY - ST - ZIP	STUART FL 34996		3.4. CITY-		ROCKLEDGE, FLORIDA		
TITLE		DELETE	4.1 TITLE			Cha	nge Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - 5				
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	nge Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - 5			•	
TITLE		DELETE	6.1 TITLE	411		☐ Cha	nge Addition
NAME			6.2 NAME	İ			
STREET ADDRESS		_	6.3 STREET	ADORESS			
CITY-ST-ZIP	/\	$\wedge \wedge$	6.4 CITY - S				
	eby certify that the information supplied	with his filing does not qualify			ited in Section 119.07(3)(i), Florida Statutes	s. I further certify	that the

information indicated by 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 federiver 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 chapped, or on an attachment with an address.

SIGNATURE: