

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** N95002004701

1. Entity Name

PINEAPPLE PLANTATION HOMEOWNERS ASSOCIATION

FILED

05-19-2000 900981048-00 00 DEC 1 11 2 00 61.25

SECRETARY OF STATE
TALLAHASSEE FLORIDAPrincipal Place of Business Mailing Address
ULTRA CLEAN
10 Central Parkway
Suite 150
Stuart, Florida 34994
ULTRA CLEAN
10 Central Parkway, #150
Stuart, Florida 349942. Principal Place of Business 3. Mailing Address
Concept Management Service Concept Mgmt. Service
Suite, Apt. #, etc. Suite, Apt. #, etc.
7136 SE Osprey Street 400 Toney Penna DriveCity & State City & State
Hobe Sound, Florida Jupiter, Florida
Zip 33455 Country USA Zip 33458 Country USA

DO NOT WRITE IN THIS SPACE

4. FBI Number 593431539 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

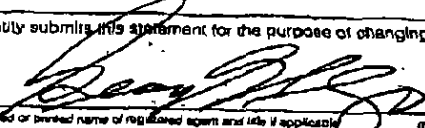
6. Name and Address of Current Registered Agent

ULTRACLEAN
10 Central Parkway, Suite 150
Stuart, Florida 34994

7. Name and Address of New Registered Agent

Name George E. Urgo
Street Address (P.O. Box Number is Not Acceptable)
c/o Concept Mgmt. Service
7136 SE Osprey Street
City Hobe Sound FL Zip Code 33455

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.

SIGNATURE  George E. Urgo, Managing Agent 11/30/00 (561)446-4926

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when replacing)

DATE

FILE NOW!
FEES \$87.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeeNew Check or Payment to
Department of State**10. OFFICERS AND DIRECTORS**

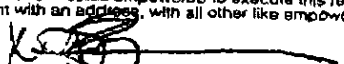
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PD	LOU PARATORE	1350 E. Newport Center Dr., Suite 200	Deerfield Beach, FL 33442	☐
VP D.	MARK BIDWELL	1350 E. Newport Center Dr., Suite 200	Deerfield Beach, Florida 33442	☐
STD	DRUSILLA HOLM	1350 E. Newport Center Dr., Suite 200	Deerfield Beach, FL 33442	☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

CREDIT (\$95)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Mark Bidwell, V. Pres./Director (954)426-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #