

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004701

1. Entity Name

PINEAPPLE PLANTATION PROPERTY OWNERS ASSOCIATION

Principal Place of Business

CONCEPT MANAGEMENT SERVICE
7136 SE OSPREY STREET
HOBE SOUND FL 33455
US

Mailing Address

CONCEPT MGMT SERVICE
400 TONEY PENNA DRIVE
JUPITER FL 33458

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3431539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

URGO, GEORGE E
CONCEPT MANAGEMENT SERVICE
7136 SE OSPREY STREET
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARATORE, LOU 1350 E NEWPORT CENTER DR, SUITE 200 DEERFIELD BEACH FL 33442	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BIDWELL, MARK 1350 E NEWPORT CENTER DR, SUITE 200 DEERFIELD BEACH FL 33442	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLM, DRUSILLA 1350 E NEWPORT CENTER DR, SUITE 200 DEERFIELD BEACH FL 33442	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIACUZZE, FRANK 1350 E NEWPORT CENTER DR, STE 200 DEERFIELD BEACH, FL 33442	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEN, ALICE 1350 E NEWPORT CENTER DR, STE 200 DEERFIELD BEACH, FL 33442	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRAZ, DEANNA 1350 E NEWPORT CENTER DR, STE 200 DEERFIELD BEACH, FL 33442	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90126 048 ****61.25



DO NOT WRITE IN THIS SPACE

0000657

CR2E037 (10/00)