2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 19, 2004 8:00 am

DOCUMENT # N95000004701  1. Entity Name  PINEAPPLE PLANTATION PROPERTY OWNERS ASSOCIATION, INC.						Secretary of State 04-19-2004 90250 016 ****61.25				
Principal Place of Business		Mailing Address	ASS(	<u> </u>	Pil	r				
DICKINSON MANAGEMENT 7136 SE OSPREY STREET HOBE SOUND FL 33455 US		DICKINSON MANAGEMENT 7136 SE OSPREY STREAT HOBE SOUND FL 33455 US		OUN ROV	IT. ED	50000 BY. mmf		54	0356	77 
2. Principal Place of Business		3. Mailing Address	DATI	E	3/2	409				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				ORE	CR2E037		· · · · · · · · · · · · · · · · · · ·	
City & State		City & State				4, FEI Number	<del>)</del> -3431539		No	plied For t Applicable
Zip	Country	Zip	Count	Country		5. Certificate of Sta		ء س	8.75 Add ee Required	itional 1
<u></u>	6. Name and Address of Current I	Registered Agent		Name		7. Name and Addr	ess of New R	legistered A	gent	
DESOE, RUSS REGIONAL PROPERTY MANAGEMENT 7136 SE OSPREY STREET HOBE SOUND FL 33455				Street Address (P.O. Box Number is Not Acceptable)						
1101	SE 300ND 1 E 33433		City					FL	Zip Code	;
8. The above named epity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent.  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  Due By May 1, 2004  9. Election Campaign I Trust Fund Contribu				~ _		\$5.00 May Be Added to Fees	Ma	ke Check da Departi	Payable:	
10.	OFFICERS AND DIF		11.		A	DDITIONS/CHANGE	S TO OFFICE	RS AND DIR		
NAME STREET ADDRESS CITY-ST-ZIP	GIACOBBE, FRANK 491 N.W. EMILIA WAY JENSEN BEACH FL 34957	□ Delete	NAME STREET CITY-ST	ADDRESS T-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAUGHERTY, JEFFREY 6363 S.E. WINDSONG LANE STUART FL 34997	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLESPIE, PHYLLIS 3062 NW WINDEMERE DRIVE JENSEN BEACH FL 34957	Delete	NAME STREET CITY-SI	ADDRESS T-ZIP	ery.		98 F # 5 - 57 .	+= <del></del>	Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D ZUCKERMAN, STEVEN 3111 UNIVERSITY DRIVE #610 CORAL SPRINGS FL 33065	<b>™</b> Delete	TITLE NAME STREET CITY-SI	ADDRESS T-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATTERSON, WANDA 491 NW EMELIA WAY JENSEN BEACH FL 34957	Delete		1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZUCKERMAN, STEVEN 3111 UNIVERSITY DRIVE #610 POMPANO BEACH FL 33065	<b>⊠</b> Delete	TITLE NAME STREET CITY-ST	ADDRESS					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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR