2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State
07-12-2006 90003 024 ****61.25

DOCUMENT # N95000004701

1. Entity Name
PINEAPPLE PLANTATION PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
DICKINSON MANAGEMENT 7136 SE OSPREY STREET HOBE SOUND, FL 33455 US	DICKINSON MANAGEMENT 7136 SE OSPREY STREET HOBE SOUND, FL 33455 US

2. Principal Place of Business	3. Mailing Address
400 TONEY PENNA DR Suite, Apt. #, etc.	C/O PRIME MANAGEMENT GROUP Suite, Apt. #, etc. 400 TONEY PENNA DRIVE
City & State: JUPITER FL	City & State: JUPITER, FL
Zip: 33458 Country: PALM BEACH	Zip: 33458 Country: US

400000771

05012006 Chg-NP CR2E037 (4/06)

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	7. Name and Address of New Registered Agent
	Name: JOHN W. TAQUE III EX V.P. PRIME Street Address (P.O. Box Number is Not Acceptable): 400 TONEY PENNA DR. City: JUPITER FL Zip Code: 33458

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: JOHN TAQUE EXEC V.P. 7-6-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GIACOBBE, FRANK 500 NW FETTERBRUSH WAY JENSEN BEACH, FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, GARY 551 NW EMBER JENSEN BEACH, FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KINGFIELD, DONALD 785 NW WATERLILLY PL JENSEN BEACH, FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRESPO, TINA 500 NW FETTERBUSH WAY JENSEN BEACH, FL 34957	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARAONE, PATTI 500 NW FETTERBUSH WAY JENSEN BEACH, FL 34957	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 exemptions contained in Chapter 119, 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] PMT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/06 (772) 692-1433
Date Daytime Phone #