

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90047 045 ****61.25

DOCUMENT # N95000004701					
1. Entity Name PINEAPPLE PLANTATION PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 1111 SE FEDERAL HWY. SUITE 100 STUART, FL 34994 US			Mailing Address C/O ADVANTAGE PROPERTY MGMT. 1111 SE FEDERAL HWY., SUITE 100 STUART, FL 34994 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3431539	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSS, DEBORAH L ESQ. 759 S. FEDERAL HWY. SUITE 212 STUART, FL 34994			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$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 DACOSTA, HOWARD 466 NW FETTERBUSH WAY JENSEN BEACH, FL 34957		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODS, KENNETH 471 NW FETTERBUSH WAY JENSEN BEACH- FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MANCOSO, CRAIG P 869 NW WATERLILY PLACE JENSEN BEACH, FL 34957		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDICK, MARY 505 NW SUNFLOWER PL. JENSEN BEACH- FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLANKENSHIP, MILT 2167 NW MARSH RABBIT LN. JENSEN BEACH, FL 34957		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EARMAN, STUART K 489 SUNFLOWER PLACE JENSEN BEACH, FL 34957		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIACOBBE, FRANK 500 NW FETTERBUSH WAY JENSEN BEACH, FL 34957		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					