


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90015 003 ****61.25

DOCUMENT # N98000002773					
1. Entity Name PINEAPPLE GROVE ARTWALK, INC.					
Principal Place of Business 104 W ATLANTIC AVE DELRAY BEACH, FL 33444			Mailing Address 104 W ATLANTIC AVE DELRAY BEACH, FL 33444		
2. Principal Place of Business 220 N.E. 1ST ST.			3. Mailing Address 220 NE 1ST ST		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State DELRAY BEACH FL		City & State DELRAY BEACH FL		4. FEI Number 65-0835220	
Zip 33444		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				CR2E037 (10/03)	
6. Name and Address of Current Registered Agent BEALE, DAVID A DAVID A. BEALE, P.A. 355 N.E. FIFTH AVENUE - SUITE 1 DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name: BEALE, DAVID A. Street Address (P.O. Box Number is Not Acceptable): DAVID A. BEALE, PA. 355 NE 5TH AVENUE - SUITE 1 City: DELRAY BEACH FL Zip Code: 33483		
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: David A. Beale		(DAVID A. BEALE)		DATE: March 4, 2004	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <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	DP STEWART, NANCY 105 S E 1ST AVENUE DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2P BOONE, CECILIA 220 NE 1ST STREET DELRAY BEACH, FL 33444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BEALE, DAVID A 355 NE 5TH AVENUE STE 1 DELRAY BEACH, FL 33403	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCKENNA, JOHN 279 PINEAPPLE GROVE WAY DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ONNEN, JANET 220 NE 1ST STREET DELRAY BEACH, FL 33444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BOONE, CECILIA 239 NE 1ST AVE DELRAY BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FISHER, GENE 247 NE 1ST STREET DELRAY BEACH, FL 33444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: David A. Beale, Secretary		3/4/04		(561) 243-1477	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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