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## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900006490

PINEAPPLE PARK NEIGHBORHOOD ASSOCIATION, INC.

	FILED	
Aug	11, 2002 8:00 a	m
Sec	retary of State	

08-11-2002 90172 036 \*\*\*\*61.25

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Principal Place of Business P.O. 80X 291		Mailing Address P.O. BOX 291		1				
WEST PALM BEACH FL 33402		WEST PALM BEACH FL 334	02					
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2. Principal I	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State		4. FEI Number Applied For			oplied For	
	,	Oily & State		65-0959196			lot Applicable	
Ziβ -	Zip Country Zip			Country 5. Certificate of Status Desired				
	6. Name and Address of Current	Registered Agent			-7. Name and Add	ress of New Registe	ered Agent	
, ,			Nam	e				
WILLIAMS	S FD		Stree	t Address (	(P.O. Box Number is	Not Acceptable)		······································
932 ARDN	MORE ROAD		<u> </u>			•		
WEST PA	LM ROAD FL 33401		City				FL Zip Coo	 de
9 The above	e named entity submits this statement fo	r the purpose of changing its	anistared office	or registe	rod agent or both in		• -	and anneat
	tions of registered agent.	the purpose of changing its	egistered offici	or register	red agent, or both, in	the State of Florida.	/ /	, and accept
	All ho	i				9	16/02	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent si	gnature required	d when reinstating)		ATE /	
( ) %	*	1						
	After September 13, 2002,	9. Election Cam Trust Fund Co		9 🗆	\$5.00 May Be	Make C	heck Payable	to
-	min. will be \$236.25.	Trust Fullu Ci	ontribution.	ш	Added to Fees	Depar	tment of State	e
10.	OFFICERS AND DIF	RECTORS	11.	J	ADDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTORS IN	V 10
TITLE	PD	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	WILLIAMS, ED 932 ARDMORE ROAD		NAME STREET ADDRES					
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP	»				
TITLE	VPD	₩ Delete	TITLE	VP			☐ Change	<b></b> Addition
NAME	STORMER, ERIC	Delete	NAME		ks, Don		Change	AND ACCITION
STREET ADDRESS	1004 AVON RD		STREET ADDRES	s   1016	Sunset RP.			
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP	_ WES	ST DALM-BEA	CH_FF-L. 33.4	101	_
TITLE	TD	🔀 Delete	TITLE	🛨 🕆			☐ Change	📕 Addition
NAME STREET ADDRESS	BARNES, CRAIG 921 AVON ROAD		NAME	WIL	SON, DEBBIE			
CITY-ST-ZIP	WEST PALM BEACH FL 33401		STREET ADDRES	N/00	Kidgeway O	nenuel 13	Uni	
TITLE	SD SD	Delete	TITLE	1167	T THEIT DE	HCH, 1"C 32	□ Change	☐ Addition
NAME	CICCHINO, ROXANNE	C Science	NAME				onenge	Noution
STREET ADDRESS	1006 UPLAND ROAD		STREET ADDRES	ss				
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	WILSON, DEBBIE		NAME					
STREET ADDRESS	2301 RIDGEWAY RD		STREET ADDRES	S				
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP					
TITLE	D NOBOLIEST IIM	☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	NORQUEST, JIM   1002 ARDMORE RD		NAME STREET ADDRES	ا				
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP	~				
	TATEST I VEHI DEVOLLE 20401							

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:

SIGNATURE: