


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90155 003 ****61.25

DOCUMENT # N99000006490	
1. Entity Name PINEAPPLE PARK NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 291 WEST PALM BEACH FL 33402	Mailing Address P.O. BOX 291 WEST PALM BEACH FL 33402
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number 65-0959196	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, ED
932 ARDMORE ROAD
WEST PALM ROAD FL 33401**

7. Name and Address of New Registered Agent

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 Ed Williams DATE _____

Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when coinciding)

**FILE NOW: FEE IS \$61.25
Due By May 1, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, ED 932 ARDMORE ROAD WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKS, DON 1016 SUNSET RD WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, DEBBIE 2301 RIDGEWAY AVE WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CICCHINO, ROXANNE 1006 UPLAND ROAD WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WADE, RICHARD 946 UPLAND RD. WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORQUEST, JIM 1002 ARDMORE RD WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Williams, Ed 932 Ardmore Rd West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Weeks, Don 1016 Sunset Rd. West Palm Beach <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Debbie Wilson 4/26/06 561 493-6112