

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000006490

1. Entity Name
PINEAPPLE PARK NEIGHBORHOOD ASSOCIATION, INC.



FILED

08 DEC 31 PM 1:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**932 ARDMORE BROAD
WEST PALM BEACH, FL 33401**

Mailing Address
**P.O. BOX 291
WEST PALM BEACH, FL 33402**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12292008 REIN-NP CR2E099 (1/07)

City & State

City & State

4. FEI Number
65-0959196

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

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* **Ed Williams** 12-29-2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
NAME **WILLIAMS, ED**
STREET ADDRESS **932 ARDMORE ROAD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE Change Addition
NAME **000139406550**
STREET ADDRESS **12/31/08--01077--009** ****\$245.00**
CITY-ST-ZIP

TITLE **D** Delete
NAME **WEEKS, DON**
STREET ADDRESS **1016 SUNSET RD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** Delete
NAME **WILSON, DAVID**
STREET ADDRESS **2401 PARKER AVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE Change Addition
NAME **T WADE, Richard**
STREET ADDRESS **746 Upland Rd.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **SD** Delete
NAME **GURROLA, RUDOLPH**
STREET ADDRESS **1027 UPLAND ROAD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **WADE, RICHARD**
STREET ADDRESS **946 UPLAND RD.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE Change Addition
NAME **VP Barry, Christopher**
STREET ADDRESS **923 CHARLES ST.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D** Delete
NAME **NORQUEST, JIM**
STREET ADDRESS **1002 ARDMORE ROAD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

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: *Ed Williams* **Ed Williams** 12/29/2008 (561) 310-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #