

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14724 (1)**

1. Corporation Name
HOMEOWNERS ASSOCIATION OF PIONEER PLANTATION, INC.



Principal Place of Business: RT. 2, BOX 1299, CLEWISTON FL 33440-9610
Mailing Address: RT. 2, BOX 1299, CLEWISTON FL 33440-9610

3. Date Incorporated or Qualified: **05/05/1986**
3a. Date of Last Report: **04/24/1995**

21	2. Principal Place of Business	2a	Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	26	NOT APPLICABLE	Not Applicable
23	City & State	28	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAIN, ERIKA PIONEER PLANTATION RT. 2 BOX 1299 CLEWISTON FL 33440				81	Name	EDITH TIMMS	
				82	Street Address (P.O. Box Number is Not Acceptable)	PIONEER PLANTATION	
				83		RT. 2 BOX 1299	
				84	City	CLEWISTON,	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Edith Timms*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAIN, ERIKA		1.2 NAME	EDITH TIMMS			
STREET ADDRESS	2555 10TH ST		1.3 STREET ADDRESS	4550 23rd st.			
CITY-ST-ZIP	CLEWISTON FL		1.4 CITY-ST-ZIP	CLEWISTON, FL 33440			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DION, EILEEN LOUISE		2.2 NAME	SHIRLEY CRUMB			
STREET ADDRESS	5065 4TH ST.		2.3 STREET ADDRESS	FLAMINGO DR			
CITY-ST-ZIP	CLEWISTON FL		2.4 CITY-ST-ZIP	CLEWISTON, FL 33440			
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHEA, MELISSA A		3.2 NAME	GLEN JAHN			
STREET ADDRESS	MARCO AVE		3.3 STREET ADDRESS	2101 TAMPA AVE.			
CITY-ST-ZIP	CLEWISTON FL		3.4 CITY-ST-ZIP	CLEWISTON, FL 33440			
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AUTREY, DARLINE		4.2 NAME	SHAPYN O. ALBERT			
STREET ADDRESS	4550 17TH ST.		4.3 STREET ADDRESS	5065 4th ST.			
CITY-ST-ZIP	CLEWISTON FL		4.4 CITY-ST-ZIP	CLEWISTON, FL 33440			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Edith Timms* 4/13/96 941-983-9533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Duplicating Phone #

CR2E037 (12/95)