

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthahn</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14724 (1)**  
1. Corporation Name  
**HOMEOWNERS ASSOCIATION OF PIONEER PLANTATION, IN C.**



Principal Place of Business <b>RT. 2, BOX 1299 CLEWISTON FL 33440-9610</b>	Mailing Address <b>RT. 2, BOX 1299 CLEWISTON FL 33440-9610</b>
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3. Date Incorporated or Qualified <b>05/05/1986</b>	3a. Date of Last Report <b>04/19/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	22. City & State	23. City & State	24. Zip	25. Country	26. City & State	27. City & State	28. Zip	29. Country	30. Country
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**TIMMS  
TIMMS, EDITH  
PIONEER PLANTATION  
RT 2 BOX 1299  
CLEWISTON FL 33440**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_  
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 type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMS, EDITH	1.2 NAME	Timms Edith
STREET ADDRESS	4550 23RD STREET	1.3 STREET ADDRESS	4550 23rd Street
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMB, SHIRLEY	2.2 NAME	Crumb Shirley
STREET ADDRESS	FLAMINGO DRIVE	2.3 STREET ADDRESS	Flamingo Drive
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	GLEN, JAHN	3.2 NAME	Albert Sharyn
STREET ADDRESS	2101 TAMPA AVENUE	3.3 STREET ADDRESS	5065 4th Street
CITY-ST-ZIP	CLEWISTON FL	3.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, SHARYN	4.2 NAME	
STREET ADDRESS	5065 4TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* Edith Timms **2/10/97** 941-983-9533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042639

CP2E037 (9/96)