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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N14724

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/05/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIXON, CLARA PIONEER PLANTATION RT 2 BOX 1299 CLEWISTON FL 33440

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 DIXON, CLARA DELETED STREET ADDRESS 4850 RIVERA STREET CITY-ST-ZIP CLEWISTON FL 33440

1.1 TITLE DELETED 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE VD NILES, BARBARA DELETED STREET ADDRESS 2556 10TH STREET CITY-ST-ZIP CLEWISTON FL 33440

2.1 TITLE DELETED 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE T SEYMOUR, RALPH DELETED STREET ADDRESS 870 ARCADIA CITY-ST-ZIP CLEWISTON FL 33440

3.1 TITLE DELETED 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE S TIMMS, JENNIFER DELETED STREET ADDRESS 4850 23RD STREET CITY-ST-ZIP CLEWISTON FL 33440

4.1 TITLE DELETED 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE DELETED STREET ADDRESS CITY-ST-ZIP

5.1 TITLE DELETED 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE DELETED STREET ADDRESS CITY-ST-ZIP

6.1 TITLE DELETED 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Clara Dixon 2-8-99 1991983402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)