


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90068 015 \*\*\*\*61.25

<b>DOCUMENT # N14724</b>			
1. Entity Name <b>HOMEOWNERS ASSOCIATION OF PIONEER PLANTATION, INC.</b>			
Principal Place of Business 2499 HENDRY ISLES BLVD CLEWISTON, FL 33440-9610		Mailing Address 2499 HENDRY ISLES BLVD CLEWISTON, FL 33440-9610	
2. Principal Place of Business <b>910 PANAMA AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>910 PANAMA AVE</b> Suite, Apt. #, etc.	
City & State <b>CLEWISTON FL</b>		City & State <b>CLEWISTON FL</b>	
4. FEI Number <b>65-0465854</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip <b>33440</b>		Country	
Zip <b>33440</b>		Country	
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, OLLIE</b> 4850 16 ST., RT 2 BOX 1101 CLEWISTON, FL 33440		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4850 PIONEER 16 ST.</b> City <b>CLEWISTON FL</b> Zip Code <b>33440</b>	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, OLLIE JR. 4850 16 ST. CLEWISTON, FL 33440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4850 PIONEER 16 STREET</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, WILLIAM <input checked="" type="checkbox"/> Delete 4150 HENDRY ISLES BLVD CLEWISTON, FL 33440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V.D. BARNEY GOODMAN</b> <b>3180 CHRISTOPHER LAKE</b> <b>CLEWISTON FL 33440</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, MILAGROS <input type="checkbox"/> Delete 5500 PIONEER 19 STREET CLEWISTON, FL 33440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D. EDITH TIMMS</b> <b>4550 PIONEER 23 STREET</b> <b>CLEWISTON FL 33440</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOSLEY, PATRICIA <input type="checkbox"/> Delete 4600 HENDRY ISLES BLVD CLEWISTON, FL 33440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D. CARLOS MARTINEZ</b> <b>5500 PIONEER 19 STREET</b> <b>CLEWISTON FL 33440</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D. DEBRAH MISOTTI</b> <b>4655 PANAMA AVE</b> <b>CLEWISTON FL 33440</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: <u>Milagros Martinez</u> <b>MILAGROS MARTINEZ</b>		Date: <u>2/1/05</u> <b>863-983-4069</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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