


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90017 046 ****61.25

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| DOCUMENT # N14724 | | | |  | |
| 1. Entity Name HOMEOWNERS ASSOCIATION OF PIONEER PLANTATION, INC. | | | | | |
| Principal Place of Business 910 PANAMA AVE CLEWISTON, FL 33440 | | | Mailing Address 910 PANAMA AVE CLEWISTON, FL 33440 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0465854 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GOODMAN, BARNEY 3180 CHRISTOPHER LANE CLEWISTON, FL 33440 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | ROURKS, DEBRA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROORKS, DEBRA | | NAME | | |
| STREET ADDRESS | 1300 ARCADIA AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEWISTON, FL 33440 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOODMAN, BARNEY | | NAME | | |
| STREET ADDRESS | 3180 CHRISTOPHER LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEWISTON, FL 33440 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINEZ, MILAGROS | | NAME | | |
| STREET ADDRESS | 5500 PIONEER 19 STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEWISTON, FL 33440 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOSLEY, PATRICIA | | NAME | | |
| STREET ADDRESS | 4600 HENDRY ISLES BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEWISTON, FL 33440 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TIMMS, EDITH | | NAME | | |
| STREET ADDRESS | 1550 PIONEER 23 STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEWISTON, FL 33440 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINEZ, CARLOS | | NAME | | |
| STREET ADDRESS | 5500 PIONEER 19 STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEWISTON, FL 33440 | | CITY-ST-ZIP | | |
| 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: <u>Milagros Martinez</u> | | | Date: <u>2/13/08</u> | | Daytime Phone #: <u>863-983-4069</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |