

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14724

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** HOMEOWNERS ASSOCIATION OF PIONEER PLANTATION, INC.

**Current Principal Place of Business:**

910 PANAMA AVE  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

910 PANAMA AVE  
CLEWISTON, FL 33440

**New Mailing Address:**

FEI Number: 65-0465854      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOODMAN, BARNEY  
3180 CHRISTOPHER LANE  
CLEWISTON, FL 33440      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: ROURKS, DEBRA  
Address: 1300 ARCADIA AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: PD ( ) Delete  
Name: GOODMAN, BARNEY  
Address: 3180 CHRISTOPHER LANE  
City-St-Zip: CLEWISTON, FL 33440

Title: TD ( ) Delete  
Name: MARTINEZ, MILAGROS  
Address: 5500 PIONEER 19 STREET  
City-St-Zip: CLEWISTON, FL 33440

Title: SD ( ) Delete  
Name: BOSLEY, PATRICIA  
Address: 4600 HENDRY ISLES BLVD  
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete  
Name: TIMMS, EDITH  
Address: 1550 PIONEER 23 STREET  
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete  
Name: MARTINEZ, CARLOS  
Address: 5500 PIONEER 19 STREET  
City-St-Zip: CLEWISTON, FL 33440

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILAGROS MARTINEZ

TD

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date