

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90056 035 ****61.25

DOCUMENT # N14724



1. Entity Name
HOMEOWNERS ASSOCIATION OF PIONEER PLANTATION, IN C.

Principal Place of Business
~~RT-2 BOX 1200~~ **2499 HENDRY ISLES BLVD**
CLEWISTON FL 33440-9610

Mailing Address
~~RT-2 BOX 1200~~
CLEWISTON FL 33440-9610

90015516



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2499 HENDRY ISLES BLVD
Suite, Apt. #, etc.

3. Mailing Address
2499 HENDRY ISLES BLVD - Box 106
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0465854**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, OLLIE
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)

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLINGSWORTH, JOHN T 1170 PANAMA AVE. CLEWISTON FL 33440 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAM GONZALEZ 4150 HENDRY ISLES BLVD CLEWISTON FL 33440 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELIASSEN, MARCIE 190 E. TAMPA AVE. CLEWISTON FL 33440 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILAGROS MARTINEZ 5500 PIONEER 19 STREET CLEWISTON FL 33440 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORNE, JANISE 990 PANAMA AVE. CLEWISTON FL 33440 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATRICIA BOSLEY 4600 HENDRY ISLES BLVD CLEWISTON FL 33440 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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: **Milagros Martinez** **MILAGROS MARTINEZ** 1/21/03 863-983-4069

CR2E037 (10/02)