

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortnam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N27856 (6)**

1. Corporation Name

**THE ESTATES OF PIONEER LAKES PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business: P.O. BOX 3475 W PALM BEACH FL 33402-3475  
Mailing Address: P.O. BOX 3475 W PALM BEACH FL 33402-3475

3. Date Incorporated or Qualified: **08/12/1988**  
3a. Date of Last Report: **06/26/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	65-0120861	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HOLTON, PETER S</b> <b>505 S FLAGLER DR</b> <b>SUITE 1100</b> <b>W PALM BCH FL 33401</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
		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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTON, PETER S	1.2 NAME	
STREET ADDRESS	505 S FLAGLER DR #1100	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELFRIDGE, GORDON	2.2 NAME	
STREET ADDRESS	7281 PIONEER LAKES CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JAMES	3.2 NAME	
STREET ADDRESS	8541 JUDSON CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDERICO, ANTHONY	4.2 NAME	
STREET ADDRESS	7175 PIONEER LAKES CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSOFF, GILBERT	5.2 NAME	
STREET ADDRESS	7070 PIONEER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDUSKY, MARK	6.2 NAME	
STREET ADDRESS	7340 PIONEER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Peter S. Holton Date: 4/30/96 Daytime Phone #: 407-650-0462  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)