

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90026 004 \*\*\*\*61.25

**DOCUMENT # N27856**

1. Entity Name

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

Principal Place of Business

Mailing Address

**320 SAND RUN RD  
 WEST PALM BEACH FL 33413**

**320 SAND RUN RD  
 WEST PALM BEACH FL 33413**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0120861**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSTAFFE, JOHN B  
 320 SAND RUN RD  
 WEST PALM BEACH FL 33413**

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.

SIGNATURE

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/1/02*

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PITTS, MARLENE	
STREET ADDRESS	270 SAND RUN RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOTOLONGO, JOSE	
STREET ADDRESS	7100 PIONEER RD	
CITY-ST-ZIP	W PALM BCH FL 33413	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OSTAFFE, JOHN B	
STREET ADDRESS	320 SAND RUN RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHARFI, SYED	
STREET ADDRESS	7210 PIONEER LAKES CIRCLE	
CITY-ST-ZIP	W PALM BCH FL 33413	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVRIES, NATASHA	
STREET ADDRESS	7070 PIONEER LAKES CIRCLE	
CITY-ST-ZIP	W PALM BCH FL 33413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moran, James	
STREET ADDRESS	485 Cleary Rd.	
CITY-ST-ZIP	West Palm Beach, FL 33413	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shartsis, Jacob	
STREET ADDRESS	321 Cleary Rd.	
CITY-ST-ZIP	West Palm Beach, FL 33413	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	sharfi, Syed	
STREET ADDRESS	7210 Pioneer Lakes Circle	
CITY-ST-ZIP	West Palm Beach, FL 33413	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ostaffe, John B.	
STREET ADDRESS	320 Sand Run Rd.	
CITY-ST-ZIP	west palm beach, FL 33413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/1/02*

Date

Daytime Phone #

CR2E037 (9/01)