

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90084 007 ****61.25

DOCUMENT # N27856

1. Entity Name

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



Principal Place of Business

320 SAND RUN RD
WEST PALM BEACH FL 33413

Mailing Address

320 SAND RUN RD
WEST PALM BEACH FL 33413

54002045



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0120861

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

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

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | PITTS, MARLENE | |
| STREET ADDRESS | 270 SAND RUN RD | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33413 | |
| TITLE | VD | <input checked="" 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 | D | <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 | D | <input type="checkbox"/> Delete |
| NAME | MORAN, JAMES | |
| STREET ADDRESS | 485 CLEARY RD | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33413 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sotolongo, Jose | |
| STREET ADDRESS | 7100 Pioneer Rd. | |
| CITY-ST-ZIP | West Palm Beach, FL 33413 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Anna Ostrovsky | |
| STREET ADDRESS | 7075 PioneerLakes Circle | |
| CITY-ST-ZIP | West Palm Bch, FL 33413 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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

2/1/04

Date

561-684-2316

Daytime Phone #