




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90150 009 ****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			
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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 		(NOTE: Registered Agent signature required when restateing)		DATE: 4/15/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VO	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RINALDI, ANNETTE		NAME	Michael Krumenacker	
STREET ADDRESS	420 SAND RUN ROAD		STREET ADDRESS	7140 Pioneer Lakes Circle	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP	West Palm Bch, FL 33413	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARTSIS, JACOB		NAME	Chris Poonai	
STREET ADDRESS	321 CLEARY ROAD		STREET ADDRESS	5143 Glen Cove Lane	
CITY-ST-ZIP	W PALM BCH, FL 33413		CITY-ST-ZIP	West Palm Bch, FL 33415	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTAFFE, JOHN B		NAME		
STREET ADDRESS	320 SAND RUN RD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARFI, SYED		NAME		
STREET ADDRESS	7210 PIONEER LAKES CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 33413		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITUS, RAY		NAME		
STREET ADDRESS	7084 PIONEER ROAD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JAMES		NAME		
STREET ADDRESS	485 CLEARY RD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 4/15/06		Daytime Phone #: 561-684-2314	

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04082006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0120861 Applied For Not Applicable

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

Filing Fee is \$61.25 Due by May 1, 2006

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	VO	<input checked="" type="checkbox"/> Delete
NAME	RINALDI, ANNETTE	
STREET ADDRESS	420 SAND RUN ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHARTSIS, JACOB	
STREET ADDRESS	321 CLEARY ROAD	
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	TITUS, RAY	
STREET ADDRESS	7084 PIONEER ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	PD	<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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Krumenacker	
STREET ADDRESS	7140 Pioneer Lakes Circle	
CITY-ST-ZIP	West Palm Bch, FL 33413	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Poonai	
STREET ADDRESS	5143 Glen Cove Lane	
CITY-ST-ZIP	West Palm Bch, FL 33415	
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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:  Date: 4/15/06 Daytime Phone #: 561-684-2314