

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27856

FILED
Jan 06, 2009
Secretary of State

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

Current Principal Place of Business:

320 SAND RUN RD
WEST PALM BEACH, FL 33413

New Principal Place of Business:

Current Mailing Address:

320 SAND RUN RD
WEST PALM BEACH, FL 33413

New Mailing Address:

FEI Number: 65-0120861 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BURKE, LARRY
Address: 7280 PIONEER RD
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D () Delete
Name: POONAI, CHRIS
Address: 5143 GLEN COVE LANE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SD () Delete
Name: OSTAFFE, JOHN B
Address: 320 SAND RUN RD
City-St-Zip: WEST PALM BEACH, FL 33413

Title: TD () Delete
Name: SHARFI, SYED
Address: 7210 PIONEER LAKES CIRCLE
City-St-Zip: W PALM BCH, FL 33413

Title: D () Delete
Name: TITUS, RAY
Address: 7084 PIONEER ROAD
City-St-Zip: WEST PALM BEACH, FL 33413

Title: PD () Delete
Name: MORAN, JAMES
Address: 485 CLEARY RD
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN OSTAFFE

SD

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date