2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27856

1. Entity Name

THE ESTATES OF PIONEER LAKES PROPERTY OWNERS' AS SOCIATION, INC.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90099 029 ****61.25

NAME DEVRIES, NATASHA NAME STREET ADDRESS CITY-ST-ZIP W PALM BCH FL 33413 CITY-ST-ZIP											
Suite, Apr. #, etc. Suite, Apr. #, etc. Suite, Apr. #, etc. Greck Here if MAXING CHANGES City & State A. FEI Number 65-0120861 A. Applied For Not Applicable Not	20 SAND RUN	RD	SAND RUN RD			 	III: 1000: 1010: ENTO ONO ENTO 41		EL BROW HOLE		
City & Statio	2. Principal Pl	ace of Business	3. Mai	ling Address							
Zip Country Zip Country S. Certificate of Status Desired Status Desired S. S. 75 Accidental Agent T. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address (PO. Box Number Is Not Acceptable) Street Address (PO. Box Number Is Not Acceptable) Only F.L. 20 Codes NATURE T. Name and Address of New Registered Agent T. Name and Address (PO. Box Number Is Not Acceptable) Street Address (PO. Box Number Is Not Acceptable) Only F.L. 20 Codes NATURE T. Name and Address (PO. Box Number Is Not Acceptable) Street Address (PO. Box Number Is Not Acceptable) Only F.L. 20 Codes NATURE T. Name and Address of New Registered Agent T. Name and Address (PO. Box Number Is Not Acceptable) Only F.L. 20 Codes NATURE T. Name and Address (PO. Box Number Is Not Acceptable) NATURE T. Name and Address (PO. Box Number Is Not Acceptable) NATURE T. Name and Address (PO. Box Number Is Not Acceptable) NAME T. Name and Address (PO. Box Number Is Not Acceptable) NAME T. Name and Address (PO. Box Number Is Not Acceptable) NAME T. Name and Address (PO. Box Number Is Not Accepta	Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Staffe, John B 320 SAND RIN RD WEST PALM BEACH FL 33413 City FL Zip Code City FL	City & State			City & State			4. FEI Number 65	1 4. / El Maille de la Colonia			
S. Name and Address of New Registered Agent OSTAFFE, JOHN B 320 SAND RUN RD WEST PALM BEACH FL 33413 City FL	Zip	1	Zi)	Cour	try	5. Certificate of St	atus Desired	\$8.75 Ad	ditional	
NoTATURE 30 SAND RUN RD WEST PALM BEACH FL 33413 6. The above named antity 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am	-		t Register	ed Agent	!		7. Name and Add	ress of New Registered	Agent		
320 SAND RUN RD WEST PALM BEACH FL 33413 6. The above named centity 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Department of State of Florida De						Name					
6. 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. NATURE				Street Addr			ss (P.O. Box Number is Not Acceptable)				
8. The above ramed entity submits his 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 colligations of registered agent. NATURE	WEST PA	LM BEACH FL 33413				City			Zip Cod	le	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg					nancing	\$5.00 May Be	Make Ched			
TITLE NAME PITTS, MARLENE SIRRET ADDRESS CITY-ST-ZIP VO SOTOLONGO, JOSE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREE	10	OFFICERS AND D	DIRECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS II	V 10	
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	TITLE NAME STREET ADDRESS	D MORAN, JAMES 485 CLEARY RD		☐ Delete	TITLE NAME STRE	ET ADDRESS		.,	☐ Change	☐ Addition	

12. Thereby 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:

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SIGNATURE:

561-684 2316