


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -8 PM 4: 37

DOCUMENT # N03000009922					
1. Entity Name PIONEER TRAILS I, II & III PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 1905 S. FLORIDA AVE LAKELAND, FL 33803			Mailing Address 1905 S. FLORIDA AVE LAKELAND, FL 33803		
2. Principal Place of Business 2000 E. Edgewood Drive		3. Mailing Address 2000 E. Edgewood Drive			
Suite, Apt. #, etc. Suite #214		Suite, Apt. #, etc. Suite #214			
City & State Lakeland Florida		City & State Lakeland Florida		4. FEI Number 58-2454495	
Zip 33803		Country USA		11182005 Chg-NP CR2E037 (10/03)	
Zip 33803		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, GUERRY 1905 S. FLORIDA AVE LAKELAND, FL 33803			7. Name and Address of New Registered Agent Name Charles Chritton Street Address (P.O. Box Number is Not Acceptable) 225 E. Lemon Street, Suite 351 City Lakeland FL Zip Code 33803		
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 <i>Charles P. Chritton</i> CHARLES P. CHRITTON 11/24/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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 PD	NAME HERRING, JERRY	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1905 S. FLORIDA AVE	CITY - ST - ZIP LAKELAND, FL 33803		STREET ADDRESS CITY - ST - ZIP	600062013826 12/08/05--01034--001 **\$61.25	
TITLE TD	NAME JONES, GUERRY	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1905 S. FLORIDA AVE	CITY - ST - ZIP LAKELAND, FL 33803		STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD	NAME FARRIS, ROGER	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3662 PIONEER TRAILS STREET	CITY - ST - ZIP LAKELAND, FL 33810		STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD	NAME REBELLO, MICHELLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3837 PIONEER TRAILS BLVD E	CITY - ST - ZIP LAKELAND, FL 33810		STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	NAME MCDONALD, TERRI	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3878 PIONEER TRAILS BLVD E	CITY - ST - ZIP LAKELAND, FL 33810		STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Roger Farris</i>			Date <i>November 29, 2005</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

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