

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734464** (1)
1. Corporation Name
SUNSHINE PIONEER CLUB, INC.



Principal Place of Business %BARBARA PACE 17625 GROVE VIEW DR. LUTZ FL 33549	Mailing Address %BARBARA PACE 17625 GROVE VIEW DR. LUTZ FL 33549
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3. Date Incorporated or Qualified 12/02/1975	
4. FEI Number 59-1659295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent PACE, BARBARA 17625 GROVE VIEW DR. LUTZ FL 33549		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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10. Name and Address of New Registered Agent	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	PACE, BARBARA
STREET ADDRESS	17625 GROVE VIEW DR.
CITY-ST-ZIP	LUTZ FL 33549
TITLE	VP <input type="checkbox"/> DELETE
NAME	GREENWARD, MARK
STREET ADDRESS	7311 EGYPT LAKE DR.
CITY-ST-ZIP	TAMPA FL 33614
TITLE	D <input type="checkbox"/> DELETE
NAME	E.W., CARPENTER
STREET ADDRESS	2720 5TH ST. E.
CITY-ST-ZIP	BRADENTON FL 34208
TITLE	D <input type="checkbox"/> DELETE
NAME	CORCORAN, AL
STREET ADDRESS	1861 LAURELLWOOD LANE
CITY-ST-ZIP	DUDEDIN FL 34698
TITLE	D <input type="checkbox"/> DELETE
NAME	FARRAND, TOM
STREET ADDRESS	6226 NINTH AVE. S.
CITY-ST-ZIP	ST. PETE. FL 33707
TITLE	ST <input type="checkbox"/> DELETE
NAME	PONCHOT, MARY
STREET ADDRESS	18326 OAKLAND DR
CITY-ST-ZIP	BROOKSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara Pace* *Al Corcoran* *Tom Farrand* *Mary Ponchot* *Mark Greenward* *E.W. Carpenter* *613-646-7424*

CR2E037 (10/97)