

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001366

FILED
May 14, 2002 8:00 AM
Secretary of State

Entity Name: PIONEER VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O CURTIS K. IVY, JR.
790 NORTH HOMESTEAD BOULEVARD
HOMESTEAD, FL 330306299

New Principal Place of Business:

C/O LUIS M. AVILA
P.O. BOX 924176
HOMESTEAD, FL 33092 US

Current Mailing Address:

C/O CURTIS K. IVY, JR.
790 NORTH HOMESTEAD BOULEVARD
HOMESTEAD, FL 330306299

New Mailing Address:

C/O LUIS M. AVILA
P.O. BOX 924176
HOMESTEAD, FL 33092 US

FEI Number: 65-1089682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IVY, CURTIS K JR.
790 NORTH HOMESTEAD BOULEVARD
HOMESTEAD, FL 330306299

Name and Address of New Registered Agent:

AVILA, LUIS M
P.O. BOX 924176
HOMESTEAD, FL 33092 US

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: LUIS M. AVILA

05/14/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: RANFT, AMANDA D
Address: 94 NW 4TH STREET
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D () Change (X) Addition
Name: VILLAFANA, SYLVIA D
Address: 87 NW 2ND STREET
City-St-Zip: HOMESTEAD, FL 33030 US

Title: P () Change (X) Addition
Name: AVILA, LUIS M P
Address: 95 NW 3RD STREET
City-St-Zip: HOMESTEAD, FL 33030 US

Title: V () Change (X) Addition
Name: MAGTIRA, JENNIFER V
Address: 79 NW 2ND STREET
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D () Change (X) Addition
Name: FICKLIN, KIM D
Address: 86 NW 3RD STREET
City-St-Zip: HOMESTEAD, FL 33030 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUIS M. AVIAL

P

05/14/2002

Electronic Signature of Signing Officer or Director

Date