


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-2454495	Applied For Not Applicable
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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRING, JERRY 1905 S. FLORIDA AVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, GUERRY 1905 S. FLORIDA AVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FARRIS, ROGER 3662 PIONEER TRAILS STREET LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REBELLO, MICHELLE 3837 PIONEER TRAILS BLVD E LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDONALD, TERRI 3878 PIONEER TRAILS BLVD E LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000347264
04/30/05-80109-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: R. Guerry Jones R. Guerry Jones 1-17-05 863-682-5151
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #