

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2007 08:00 A
Secretary of State

DOCUMENT # N03326

1. Entity Name
PIONEER WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**309 PIONEER ROAD
MERRITT ISLAND, FL 32953**

Mailing Address
**309 PIONEER ROAD
MERRITT ISLAND, FL 32953**



01192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2641167	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

**NATOWICH, SANDRA
321 PIONEER RD
MERRITT ISLAND, FL 32953**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NATOWICH, SANDRA
STREET ADDRESS	321 PIONEER RD
CITY-ST-ZIP	MERRITT ISLAND, FL 32953

TITLE	D
NAME	CARSWELL, NANCY
STREET ADDRESS	855 INDIANOLA DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL

TITLE	ST
NAME	SHROLL, E A
STREET ADDRESS	3585 NORTH COURTENAY PKWY, #2
CITY-ST-ZIP	MERRITT ISLAND, FL

TITLE	D
NAME	HOWARD, ROSEMARIE F
STREET ADDRESS	301 PIONEER RD
CITY-ST-ZIP	MERRITT ISLAND, FL

TITLE	D
NAME	TURNER, GERLINDE A.
STREET ADDRESS	307 PIONEER ROAD
CITY-ST-ZIP	MERRITT ISLAND, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000765327
05/31/07-80035-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #