

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90040 031 ****61.25

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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2641167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **P** ☐ Delete
NAME **NATOWICH, SANDRA**
STREET ADDRESS **321 PIONEER RD**
CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** ☒ Change ☐ Addition
NAME **MARK GERMAIN**
STREET ADDRESS **319 PIONEER RD**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

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

TITLE **ST** ☒ Change ☐ Addition
NAME **E. ANN SHROLL**
STREET ADDRESS **3819 MURRELL Rd, STE E**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Sandra Natowich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #