FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:16

DOCUMENT # N05782 (0)

1. Corporation Name

PIONEER VILLAGE MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
[redacted] & Fay Kruyff Church Drive Fort Myers FL 33917	[redacted] & Fay Kruyff Church Drive Fort Myers FL 33917

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1984
3a. Date of Last Report: 03/04/1994
4. FEI Number: 65-0129865 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Fay KRUYFF	26 Fay KRUYFF
Suite, Apt. #, etc. 22 16768 CHURCH DR.	Suite, Apt. #, etc. 27 16768 CHURCH DR
City & State 23 N.FT. MYERS, FL.	City & State 28 N.FT. MYERS, FL.
Zip / Country 24 33917 / 25 US.	Zip / Country 29 33917 / 30 US.

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KRUYFF, MRS. FAY 16767 CHURCH DR. N FORT MYERS 33917	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	WEIR, JEAN	12 NAME	
STREET ADDRESS	8521 WAGON WHEEL DR.	13 STREET ADDRESS	
CITY ST ZIP	N. FT. MYERS FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	STEWART, RAY	22 NAME	
STREET ADDRESS	7974 SAMVILLE RD.	23 STREET ADDRESS	
CITY ST ZIP	N FT MYERS FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	GORBY, PEGGY	32 NAME	
STREET ADDRESS	55-A JIM BOWIE	33 STREET ADDRESS	
CITY ST ZIP	N. FT MYERS FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	* DRUYFF, FAY	42 NAME	* KRUYFF, FAY.
STREET ADDRESS	16768 CHURCH DR.	43 STREET ADDRESS	
CITY ST ZIP	N. FT MYERS FL	44 CITY ST ZIP	
TITLE	BOD	51 TITLE	☐ Change ☐ Addition
NAME	ASHLINE, ED	52 NAME	
STREET ADDRESS	16961 BULL RUN	53 STREET ADDRESS	
CITY ST ZIP	N FT MYERS FL	54 CITY ST ZIP	
TITLE	BOD	61 TITLE	☐ Change ☐ Addition
NAME	SCHUSTER, ED	62 NAME	
STREET ADDRESS	102 PIONEER ST.	63 STREET ADDRESS	
CITY ST ZIP	N FT MYERS FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Fay Kruyff FAY KRUYFF 4/6/95 813.731-9474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0016419