

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N05782** (0)

1. Corporation Name

**PIONEER VILLAGE MOBILE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

*C/O BONNIE SANDERS no longer  
82 GERONIMO ST at this  
N FORT MYERS FL 33917  
Address.*

**Mrs Fay Kruff  
16768 Church Drive  
Fort Myers  
FL US 33917**

3. Date Incorporated or Qualified  
**10/22/1984**

3a. Date of Last Report  
**04/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**65-0129865**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

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

**KRUYFF, MRS. FAY**

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **WEIR, JEAN**  
STREET ADDRESS **8521 WAGON WHEEL DR.**  
CITY-ST-ZIP **N. FT. MYERS FL**

TITLE **VP** ☒ DELETE  
NAME **STEWART, RAY**  
STREET ADDRESS **7974 SAMVILLE RD.**  
CITY-ST-ZIP **N FT MYERS FL**

TITLE **S** ☐ DELETE  
NAME **GORBY, PEGGY**  
STREET ADDRESS **55-A JIM BOWIE**  
CITY-ST-ZIP **N. FT MYERS FL**

TITLE **T** ☐ DELETE  
NAME **KRUYFF, FAY**  
STREET ADDRESS **16768 CHURCH DR.**  
CITY-ST-ZIP **N. FT MYERS FL**

TITLE **BOD** ☒ DELETE  
NAME **ASHLINE, ED**  
STREET ADDRESS **16961 BULL RUN**  
CITY-ST-ZIP **N FT MYERS FL**

TITLE **BOD** ☐ DELETE  
NAME **SCHUSTER, ED**  
STREET ADDRESS **102 PIONEER ST.**  
CITY-ST-ZIP **N FT MYERS FL**

13.

1.1 TITLE **P.** ☒ Change ☐ Addition  
1.2 NAME **BAKER, Ed**  
1.3 STREET ADDRESS **8236 Wagon Wheel Cir.**  
1.4 CITY-ST-ZIP **N. Ft. Myers FL 33917**

2.1 TITLE **VP** ☒ Change ☐ Addition  
2.2 NAME **CLAUBEN, Jake**  
2.3 STREET ADDRESS **58 Jim Bowie Rd**  
2.4 CITY-ST-ZIP **N. Ft. Myers FL 33917**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **BOD.** ☒ Change ☐ Addition  
5.2 NAME **WEIR, Jean**  
5.3 STREET ADDRESS **8521 Wagon Wheel Cir.**  
5.4 CITY-ST-ZIP **N. Ft. Myers, FL 33917**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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:

*Ed Ashline*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 20/96**

Date

**543-4525**

Daytime Phone #

CR2E037 (12/95)