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FILED

Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

% KRUYFF, FAY  
16768 CHURCH DRIVE  
NORTH FORT MYERS FL 33917  
US% FAY KRUFF  
16768 CHURCH DRIVE  
NORTH FORT MYERS FL 33917-2639  
US3. Date Incorporated or Qualified  
10/22/19843a. Date of Last Report  
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

65-0129865

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. 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 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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 28/97

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME BAKER, ED  
STREET ADDRESS 8238 WAGON WHEEL CIRCLE  
CITY-ST-ZIP NORTH FORT MYERS FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VP ☐ DELETE  
NAME CLAUBEN, JAKE  
STREET ADDRESS 58 JIM BOWIE ROAD  
CITY-ST-ZIP NORTH FORT MYERS FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE S ☒ DELETE  
NAME GORBY, PEGGY  
STREET ADDRESS 55-A JIM BOWIE  
CITY-ST-ZIP N. FT MYERS FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME RHEAUME, BLANCHE  
3.3 STREET ADDRESS 8238 Wagon Wheel Circle  
3.4 CITY-ST-ZIP N. FT. MYERS FL 33917TITLE T ☐ DELETE  
NAME KRUFF, FAY  
STREET ADDRESS 16768 CHURCH DR.  
CITY-ST-ZIP N. FT MYERS FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE BOD ☐ DELETE  
NAME WEIR, JEAN  
STREET ADDRESS 8521 WAGON WHEEL CIRCLE  
CITY-ST-ZIP NORTH FORT MYERS FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE BOD ☐ DELETE  
NAME SCHUSTER, ED  
STREET ADDRESS 102 PIONEER ST.  
CITY-ST-ZIP N FT MYERS FL6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Feb 28/97 441-731-9474  
Date Daytime Phone # 0058916

CR2E037 (9/96)