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FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

% KRUYFF, FAY  
16768 CHURCH DRIVE  
NORTH FORT MYERS FL 33917  
US

% FAY KRUFF  
16768 CHURCH DRIVE  
NORTH FORT MYERS FL 33917  
US



3. Date Incorporated or Qualified

10/22/1984

4. FEI Number

65-0129865

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ 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 and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME BAKER, ED  
STREET ADDRESS 8236 WAGON WHEEL CIRCLE  
CITY-ST-ZIP NORTH FORT MYERS FL

TITLE VP ☐ DELETE

NAME CLAUBEN, JAKE  
STREET ADDRESS 58 JIM BOWIE ROAD  
CITY-ST-ZIP NORTH FORT MYERS FL

TITLE S ☐ DELETE

NAME RHEAUME, BLANCHE  
STREET ADDRESS 8239 WAGON WHEEL CIR  
CITY-ST-ZIP N. FT MYERS FL

TITLE T ☐ DELETE

NAME KRUFF, FAY  
STREET ADDRESS 16768 CHURCH DR.  
CITY-ST-ZIP N. FT MYERS FL

TITLE BOD ☐ DELETE

NAME WEIR, JEAN  
STREET ADDRESS 8521 WAGON WHEEL CIRCLE  
CITY-ST-ZIP NORTH FORT MYERS FL

TITLE BOD ☐ DELETE

NAME SCHUSTER, ED  
STREET ADDRESS 102 PIONEER ST.  
CITY-ST-ZIP N FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME BOONE, FRED  
1.3 STREET ADDRESS 60 Jim Bowie  
1.4 CITY-ST-ZIP North Fort Myers FL 33917

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

*[Handwritten Signature]*

*[Handwritten Signature]*

CR2E037 (10/97)