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Secretary of State

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.NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05782

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 LEANNA WADE	26 LEANNA WADE	10/22/1984
Suite, Apt. #, etc. 22 8296 WAGON WHEEL CIR.	Suite, Apt. #, etc. 27 8296 WAGON WHEEL CIR.	4. FEI Number 65-0129865 ☐ Applied For ☐ Not Applicable
City & State 23 N. FORT MYERS FL.	City & State 28 N. FORT MYERS FL.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33917 25 U.S.A	Zip / Country 29 33917 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 LEANNA WADE 82 Street Address (P.O. Box Number is Not Acceptable) 8296 WAGON WHEEL CIR. 83 84 City N. FORT MYERS FL 85 Zip Code 33917

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 Leanna K. Wade DATE
Signature, type 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOONE, FRED		1.2 NAME		
STREET ADDRESS	60 JIM BOWIE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS FL 33917		1.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	2.1 TITLE	VP	☐ Change ☑ Addition
NAME	CLAUBEN, JAKE		2.2 NAME	PEGGY-GORBY	
STREET ADDRESS	58 JIM BOWIE ROAD		2.3 STREET ADDRESS	55A JIM BOWIE ST.	
CITY-ST-ZIP	NORTH FORT MYERS FL		2.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33917	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RHEAUME, BLANCHE		3.2 NAME		
STREET ADDRESS	8239 WAGON WHEEL CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT MYERS FL		3.4. CITY-ST-ZIP		
TITLE	T	☑ DELETE	4.1 TITLE	T	☐ Change ☑ Addition
NAME	KRUFF, FAY		4.2 NAME	LEANNA WADE	
STREET ADDRESS	16768 CHURCH DR.		4.3 STREET ADDRESS	8296 WAGON WHEEL CIR.	
CITY-ST-ZIP	N. FT MYERS FL		4.4 CITY-ST-ZIP	N. FT. MYERS FL. 33917	
TITLE	BOD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WEIR, JEAN		5.2 NAME		
STREET ADDRESS	8521 WAGON WHEEL CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS FL		5.4 CITY-ST-ZIP		
TITLE	BOD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHUSTER, ED		6.2 NAME		
STREET ADDRESS	102 PIONEER ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS FL		6.4 CITY-ST-ZIP		

—CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: FRED BOONE SIGNATURE REQUIRED Feb. 20/99 (941) 731-7231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #