

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05782

1. Entity Name

PIONEER VILLAGE MOBILE HOME OWNERS ASSOCIATION.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90004 006 ****61.25

Principal Place of Business

Mailing Address

LEANNAN WADE
 8296 WAGON WHEEL CIR.
 NORTH FORT MYERS FL 33917
 US

LEANNAN WADE
 8296 WAGON WHEEL CIR.
 NORTH FORT MYERS FL 33917-2647
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0129865

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WADE, LEANNA
 58296 WAGON WHEEL CIR.
 N. FORT MKKKYERS FL 33917

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME P
 STREET ADDRESS BOONE, FRED
 CITY-ST-ZIP 60 JIM BOWIE
 NORTH FORT MYERS FL 33917

TITLE ☒ Change ☐ Addition
 NAME P Peggy Gorby
 STREET ADDRESS 55-A Jim Bowie St
 CITY-ST-ZIP North Fort Myers,
 FL 33917

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS GORBY, PEGGY
 CITY-ST-ZIP 55 A JIM BOWIE ST.
 NORTH FORT MYERS FL 33917

TITLE ☒ Change ☐ Addition
 NAME VP John Fleeger
 STREET ADDRESS 87 South Pioneer St
 CITY-ST-ZIP North Fort Myers,
 FL 33917

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

TITLE ☒ Change ☐ Addition
 NAME S. Jeanne Soucy
 STREET ADDRESS 79 Geronimo St
 CITY-ST-ZIP North Fort Myers,
 FL 33917

TITLE ☐ Delete
 NAME T
 STREET ADDRESS WADE, LEANNA
 CITY-ST-ZIP 8296 WAGON WHEEL CIR.
 N. FT MYERS FL 33917

TITLE ☐ Change ☐ Addition
 NAME T LEANNA WADE
 STREET ADDRESS 8296 WAGON WHEEL Circle
 CITY-ST-ZIP N. Ft Myers, FL 33917.

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)