

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90208 027 ****61.25

DOCUMENT # N05782

1. Entity Name

PIONEER VILLAGE MOBILE HOME OWNERS ASSOCIATION, INC.

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
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Jayne A. Cook
Suite, Apt. #, etc.
8287 Wagon Wheel Cir
City & State
North Fort Myers FL

Jayne A. Cook
Suite, Apt. #, etc.
8287 Wagon Wheel Cir
City & State
North Fort Myers FL

4. FEI Number 65-0129865

Applied For
Not Applicable

Zip
33917

Country
Lee

Zip
33917

Country
Lee

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 MKKYEYS FL 33917

Name Jayne A. Cook
Street Address (P.O. Box Number is Not Acceptable)
8287 Wagon Wheel Cir.
City North Fort Myers FL Zip Code 33917

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 Jayne A. Cook
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 NAME STREET ADDRESS CITY-ST-ZIP	P GORBY, PEGGY 55-A JIM BOWIE ST NORTH FORT MYERS FL 33917	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLEEGER, JOHN 39 SOUTH PIONEER ST NORTH FORT MYERS FL 33917	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOUCY, JEANNE 79 GERONIMO ST N. FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WADE, LEANNA 8296 WAGON WHEEL CIR. N. FT MYERS FL 33917	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WADE, LEANNA 8296 WAGONWHEEL CIRCLE NORTH FORT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD SCHUSTER, ED 102 PIONEER ST. N FT MYERS FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Fleeger 39 S. Pioneer St. North Fort Myers, FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Edward Fleeming 65 Sam Houston North Fort Myers, FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Charlene Boone 60 Jim Bowie North Fort Myers, FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jayne A. Cook 8287 Wagon Wheel Cir North Fort Myers, FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jayne A. Cook 8287 Wagon Wheel North Fort Myers, FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD Steve Gruber 17200 Pioneer St. North Fort Myers, FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jayne A. Cook
Signature and typed or printed name of signing officer or director

1-7-02

941-731-3060

Date

Daytime Phone #

CR2E037 (9/01)