

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14724

FILED
Jan 19, 2009
Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF PIONEER PLANTATION, INC.

Current Principal Place of Business:

910 PANAMA AVE
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

910 PANAMA AVE
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 65-0465854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN, BARNEY
3180 CHRISTOPHER LANE
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ROURKS, DEBRA
Address: 1300 ARCADIA AVE
City-St-Zip: CLEWISTON, FL 33440

Title: PD () Delete
Name: GOODMAN, BARNEY
Address: 3180 CHRISTOPHER LANE
City-St-Zip: CLEWISTON, FL 33440

Title: TD () Delete
Name: MARTINEZ, MILAGROS
Address: 5500 PIONEER 19 STREET
City-St-Zip: CLEWISTON, FL 33440

Title: SD () Delete
Name: BOSLEY, PATRICIA
Address: 4600 HENDRY ISLES BLVD
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: TIMMS, EDITH
Address: 1550 PIONEER 23 STREET
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: MARTINEZ, CARLOS
Address: 5500 PIONEER 19 STREET
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILAGROS MARTINEZ

TD

01/19/2009

Electronic Signature of Signing Officer or Director

Date