


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 A
Secretary of State

DOCUMENT # N15402	
1. Entity Name PIONEER TRAIL CLUB, INC.	

Principal Place of Business % JOSEPH L. LUNS福德 900 NW 6TH TERR. BOCA RATON, FL 33486	Mailing Address % JOSEPH L. LUNS福德 900 NW 6TH TERR. BOCA RATON, FL 33486
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01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3116365	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LUNS福德, JOSEPH L. 900 NW 6TH TERR. BOCA RATON, FL 33486

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

UN0000197375
01/27/05-R00019-017 \$1.25

10. OFFICERS AND DIRECTORS	
TITLE PD	LUNS福德, JOSEPH L. 900 NW 6 TERR BOCA RATON, FL
TITLE VD	LUNS福德, EDWIN C. 121 VIA CAPRI NEW SMYRNA BCH., FL
TITLE STD	BERRY, ROGER L. 404 QUAY ASSISI NEW SMYRNA BEACH, FL
TITLE D	BUTTS, CHARLES 313 S.E. 15 TERRACE DEERFIELD BEACH, FL
TITLE 	
TITLE 	

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IN THIS SPACE**

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: *Joseph L. Luns福德* **1/7/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #