

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15402

FILED  
Feb 09, 2006  
Secretary of State

Entity Name: PIONEER TRAIL CLUB, INC.

## Current Principal Place of Business:

% JOSEPH L. LUNSFORD  
900 NW 6TH TERR.  
BOCA RATON, FL 33486

## Current Mailing Address:

% JOSEPH L. LUNSFORD  
900 NW 6TH TERR.  
BOCA RATON, FL 33486

## New Principal Place of Business:

161 NORTH CAUSEWAY  
SUITE 8  
NEW SMYRNA BEACH,, FL 32169

## New Mailing Address:

161 NORTH CAUSEWAY  
SUITE 8  
NEW SMYRNA BEACH, FL 32169

FEI Number: 59-3116365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUNSFORD, JOSEPH L.  
900 NW 6TH TERR.  
BOCA RATON, FL 33486 US

## Name and Address of New Registered Agent:

LUNSFORD, EDWIN C  
161 NORTH CAUSEWAY  
SUITE 8  
NEW SMYRNA BEACH, FL 32169 US

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: EDWIN C. LUNSFORD

02/09/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LUNSFORD, JOSEPH L.,  
Address: 900 NW 6 TERR  
City-St-Zip: BOCA RATON, FL

Title: VD (X) Delete  
Name: LUNSFORD, EDWIN C.,  
Address: 121 VIA CAPRI  
City-St-Zip: NEW SMYRNA BCH., FL

Title: STD (X) Delete  
Name: BERRY, ROGER L.,  
Address: 404 QUAY ASSISI  
City-St-Zip: NEW SMYRNA BEACH, FL

Title: D (X) Delete  
Name: BUTTS, CHARLES,  
Address: 313 S.E. 15 TERRACE  
City-St-Zip: DEERFIELD BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LUNSFORD, EDWIN C  
Address: 161 NORTH CAUSEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: ( ) Change ( ) Addition  
Name:  
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 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: EDWIN C. LUNSFORD

P

02/09/2006

Electronic Signature of Signing Officer or Director

Date