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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24211** **(7)**

1. Corporation Name

PIONEER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ROUTE 15, BOX 785-14 N. FT. MYERS FL 33917	ROUTE 15, BOX 785-14 N. FT. MYERS FL 33917

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1988
3a. Date of Last Report: 03/31/1994
4. FEI Number: 65-0023198 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

PERRY, ARTHUR K.,SR.
17750 PERRY RANCH RD
MAIL ROUTE 15 BOX 785-16
N. FT. MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	YOUMANS, JOE	12 NAME	
STREET ADDRESS	1722 PERRY RANCH ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL	14 CITY-ST-ZIP	400001403364 -02/10/95--01064--007 ****130.00
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LLOYD, BRUCE	22 NAME	****130.00
STREET ADDRESS	15740 HUFFMASTER RD	23 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	24 CITY-ST-ZIP	
TITLE	MDT	31 TITLE	☐ Change ☐ Addition
NAME	PERRY, ARTHUR K, SR.	32 NAME	
STREET ADDRESS	17750 PERRY RANCH RD	33 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

2/9/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/10/95 813-543-2375
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0059880