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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 18, 1996 08:00 AM  
Secretary of State

DOCUMENT # N24211 (7)  
1. Corporation Name  
PIONEER PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

ROUTE 15, BOX 785-14  
N. FT. MYERS FL 33917

Mailing Address

ROUTE 15, BOX 785-14  
N. FT. MYERS FL 33917

3. Date Incorporated or Qualified  
01/05/1988

3a. Date of Last Report  
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME YOUAMANS, JOE  
STREET ADDRESS 1722 PERRY RANCH ROAD  
CITY-ST-ZIP NORTH FORT MYERS FL

☐ DELETE

TITLE D  
NAME LLOYD, BRUCE  
STREET ADDRESS 15740 HUFFMASTER RD  
CITY-ST-ZIP N FT MYERS FL

☒ DELETE

TITLE MDT  
NAME PERRY, ARTHUR K, SR.  
STREET ADDRESS 17750 PERRY RANCH RD  
CITY-ST-ZIP N FT MYERS FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

ANDREW KILGORE

17811 HUFFMASTER RD

NORTH FORT MYERS, FL 33917

D

HENNING STADLER

17750 PERRY RANCH RD

NORTH FORT MYERS, FL 33917

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

Date

941-543-2375

Daytime Phone #

CP2E037 (12/95)