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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24211

1. Corporation Name

PIONEER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

ROUTE 15, BOX 785-12
N. FT. MYERS FL 33917
US

Mailing Address

ROUTE 15, BOX 785-12
N. FT. MYERS FL 33917
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/05/1988

4. FEI Number

65-0023198

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 **Catherine A. Richter**
82 Street Address (P.O. Box Number is Not Acceptable)
332 Inwood Ave
83
84 City **Lehigh Acres** FL 85 Zip Code **33936**

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

Catherine A. Richter MD
(NOTE: Registered Agent signature required when reinstating)

3-20-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	JOE, YOUMANS	
STREET ADDRESS	17331 PERRY RANCH ROAD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KILGORE, ANDREW	
STREET ADDRESS	17811 HUFFMASTER ROAD	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	RICHTER, CATHERINE A	
STREET ADDRESS	332 INWOOD AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENNING, STADLER	
STREET ADDRESS	17750 PERRY RANCH ROAD	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DTTS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOE YOUMANS	
1.3 STREET ADDRESS	17331 PERRY RANCH RD.	
1.4 CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: **x** **Catherine A. Richter** **3-20-99** **941-936-2277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR-EC037 (1/93)