## FILE NOW: FILING FEE IS \$61.25

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

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

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

# FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90079 001 \*\*\*\*61.25

<sup>259824</sup> - 90079 - 1



Applied For

3. Date Incorporated or Qualifed

01/05/1988 -

22 City & State Ci	Suita Ant	# oto	Suite, Apt. #, etc.		4. FEI Number	Applied For		
City & State    City & State		#, etc.						
28   29   29   30   30   30   30   30   30   30   3		3	1 1		5 Cortifects of Status Desired	7		
Zip   Country   Zip   Country   Zip   Country   S.5.00 May Be   Zis	23		28		5. Certificate of Status Desired	Fee Required		
9. Name and Address of Current Registered Agent  PERRY, ARTHUR K. SR. 17750 PERRY RANCH RD MAIL ROUTE 15 80X 785-16 N. FT. MYERS FL 33917  11. Pursuant to tipe provisions of Sections 617 0502 and 617 1500, Florida Statutes. The above named corporation sharing that indicates the approximation of the purpose of changing its registered agent. I am application of sections of Sections 617 0502 and 617 1500, Florida Statutes. The above named corporation sharing that indicates the application of purpose of changing its registered agent. I am application of sections of Sections 617 0502 and 617 1500, Florida Statutes. The above named corporation sharing that indicates the application of purpose of changing its registered agent. I am application of sections of		Country	Zip	Country	1 1	<b>4 2</b>		
PERRY ARTHUR   SR	24	25	29 30	<u> </u>	Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·		
PERRY, ARTHUR K.SR.  17750 PERRY RANCH RD MAIL ROUTE 15 BOX 785-16 N. FT. MYERS FL 33917  17. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation abbrills this statement for the purpose of changing its registered agent. I am familify with, and acopte this obligations of, Section 617.0502 florida. Such change was authorized by the corporation's board of directors. I hereby acopt the appointment as registered agent. I am familify with, and acopte this obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  30		9. Name and Address of Current	Registered Agent	1001	10. Name and Address of New Registered	Agent		
Street Address   P.O. Box Number is Not Acceptable								
MAIL ROUTE 15 BOX 785-16 N. FT. MYERS FI. 33917  11. Pursuant to the provisions of Sections 617,0502 and 617,1509, Florida Statutes, the above-named corporation abonits this statement for the purpose of changing its registered agent. I am familiar with, find accept tilly obligations of, Section 617,0503, Florida Statutes, the above-named corporation abonits this statement for the purpose of changing its registered agent. I am familiar with, find accept tilly obligations of, Section 617,0503, Florida Statutes, the above-named corporation abonits this statement for the purpose of changing its registered agent. I am familiar with, find accept tilly obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DI. JOE, YOUMANS  12. NAME  JOE, YOUMANS  12. NAME  JOE, YOUMANS  12. NAME  JOE, YOUMANS  13. TITLE  DOE YOUTH FORT MYERS FL 33917  14.0TY-51-2P  VOCTA FORTMYERS, FL 33917  LATTILE  D CHange  Addition  NORTH FORT MYERS FL  22. AND DELETE  33. TREET ADDRESS  173. J PERRY RANCH RO.  NORTH FORT MYERS FL  22. NAME  32. STREET ADDRESS  173. J PERRY RANCH RO.  NORTH FORT MYERS FL  22. NAME  32. STREET ADDRESS  173. J PERRY RANCH RO.  Change  Addition  NORTH FORT MYERS FL  33. STREET ADDRESS  173. J PERRY RANCH RO.  Change  Addition  NORTH FORT MYERS FL  34. ACTY-51-2P  HINLE  NAME  STREET ADDRESS  STREET A	PERRY, A	RTHUR-K.,SR.——						
MAIR HOULE 19 BOX 789-16  N. FT. MYERS FL 33917  11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation abonits this statement for the purpose of changing its registered agent, abonits in statement for the purpose of changing its registered agent, abonits in the statement for the purpose of changing its registered agent, abonits in the statement for the purpose of changing its registered agent, abonits in the statement for the purpose of changing its registered agent, abonits this statement for the purpose of changing its registered agent, abonits this statement for the purpose of changing its registered agent, abonits this statement for the purpose of changing its registered agent, abonits this statement for the purpose of changing its registered agent, abonits this statement for the purpose of changing its registered agent, abonits this statement for the purpose of changing its registered agent, abonits this statement for the purpose of changing its registered agent, abonits this statement for the purpose of changing its registered agent, abonits this statement for the purpose of changing its registered agent, agent	17750 PE	RRY RANCH RD			332 Inwood Aux			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation shabitis this statement for the purpose of changing its registered agent, or both	MAIL ROUTE 15 BOX 785-16 83							
11. Pursuant to the provisions of Sections 617.0502 and 617.1502, Florida Statutes, the above-named corporation advants this statement for the purpose of changing its registered office or registered agent, or both, the State of Florida, Such change was authorized by the corporation's Doal of directors. Hereby accept the appointment as registered agent, or both, the State of Florida, Such change was authorized by the corporation's Doal of directors. Hereby accept the appointment as registered agent, or both, the provision of the purpose of changing its registered office or registered agent, and accept the polystations of Section 617.0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. In	N. FT. MY	ERS FL 33917		84 City	·, 1	85 Zip-Sode 1		
office or registered agent, or both, in the State of Florida, Such change was authorized by the opportunities of supportunities and agent, and many favirity. In an analysis with a physician or product number of registered agent, or both in the physician of success of the college of the physician of the physicia								
SIGNATURE  SIGNATURE  Signature, and accept the collegations of, section of 17,0003, Florida Statitures.  SIGNATURE  Signature, and accept the collegations of section of 17,0003, Florida Statitures.  Signature, and accept the collegations of section of 17,0003, Florida Statitures.  Signature, and accept the collegations of section of 17,0003, Florida Statitures.  Signature, and accept the collegations of section of 17,0003, Florida Statitures.  Signature, and accept the collegations of the collegations of the collegations.  Signature, and accept the collegation of the collegations.  Signature, and accept the collegation of the collegation.  Signature, and accept the collegation of the collegation.  Signature, and accept the colleg	11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statutes,	the above-named corporation	oration submits this statement for the purpose on on's board of directors. I hereby accept the appo	f changing its registered pintment as registered		
SIGNATURE    Signature   Signa	agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.							
Supraulivinged or periodia mark or regulated supplication.   (NOTE: Registered Agent degrated and supraumor insultation)   Junit   J	SIGNATURE	CAA	md Cat	herine A. K		-70-99		
TITLE DT JOE, YOUMANS 12NEET JOE, YOUMANS 12NEET JOE, YOUMANS 11STREET ADDRESS 17331 PERRY RANCH ROAD 14.0TY-ST-ZIP NORTH FORT MYERS FL 33917 14.0TY-ST-ZIP VORTH FORT MYERS FL 33917 14.0TY-ST-ZIP VORTH FORT MYERS FL 33917 14.0TY-ST-ZIP VORTH FORT MYERS FL 22 STREET ADDRESS 17811 HUFFMASTER ROAD 12.0TH FORT MYERS FL 24.0TY-ST-ZIP NORTH FORT MYERS FL 31.0TH					2 Whoti (olisabang)	NO DIRECTORS IN 12		
STREET ADDRESS   T7331 PERRY RANCH ROAD   T331 PERRY								
17331 PERRY RANCH ROAD	=		E DECETE			G +		
Addition   City-St-Zip   NORTH FORT MYERS FL 33917		•		1.2 NAME	TTI DEPOURANCE ISD.			
TITLE D D D D D D D D D D D D D D D D D D D	STREET ADDRESS			1.3 STREET ADDRESS / /	SSI FERRY RIVERS EL 73	917		
NAME KILGORE, ANDREW 17811 HUFFMASTER ROAD 22 STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS FL 17811 HUFFMASTER ROAD 23 STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS FL 31 STREET ADDRESS CITY-ST-ZIP CIT			ID/hci etc		KIM FOICT MYERS / FE 33	☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS FL  Z 4 CITY-ST-ZIP  TITLE MD NAME RICHTER, CATHERINE A 32 NAME STREET ADDRESS CITY-ST-ZIP  LEHIGH ACRES FL 33936  LEHIGH ACRES FL 33936  LEHIGH ACRES FL 33936  D DAME STREET ADDRESS CITY-ST-ZIP  NAME HENNING, STADLER TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NORTH FORT MYERS FL  DELETE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS			ΓÑ DEΓΕΙΕ					
CITY-ST-ZIP NORTH FORT MYERS FL 2 4 CITY-ST-ZIP  TITLE NAME RICHTER, CATHERINE A 332 INWOOD AVENEU 33 STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936  D DELETE ALTITLE D D DELETE ALTITLE TITLE NAME HENNING, STADLER 17750 PERRY RANCH ROAD NORTH FORT MYERS FL 17750 PERRY RANCH ROAD NORTH FORT MYERS NORTH ROAD NORTH FORT MYERS FL 17750 PERRY RANCH ROAD NORTH FORT MYERS NORTH ROAD NORTH FORT								
MD DELETE 3.1 TITLE	STREET ADDRESS	-	<u> </u>			•		
MID NAME RICHTER, CATHERINE A STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936  DELETE D NAME HENNING, STADLER 17750 PERRY RANCH ROAD NORTH FORT MYERS FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE 6.1 TITLE NAME STREET ADDRESS GITY-ST-ZIP STREET ADDRESS GITY-ST-ZIP GA CITY-ST-ZIP GA CITY-ST-ZIP			□ nciete			☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936  CITY-ST-ZIP  D D D DELETE L-1TITLE D NAME HENNING, STADLER STREET ADDRESS CITY-ST-ZIP  TITLE NORTH FORT MYERS FL DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			□ beteit					
CITY-ST-ZIP   LEHIGH ACRES FL 33936   34. CITY-ST-ZIP   Change   Addition								
D DELETE 4.1 TITLE								
NAME STREET ADDRESS 17750 PERRY RANCH ROAD 17750 PERRY ROAD 17750 PERRY RANCH ROAD 17750 PERRY ROAD		_				☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS FL 4.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OBLETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE OBLETE OBLETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition AME STREET ADDRESS CITY-ST-ZIP CHANGE 6.4 CITY-ST-ZIP			₩ DEFE1€					
NORTH FORT MYERS FL								
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.3 STREET ADDRESS         CITY-ST-ZIP         5.4 CITY-ST-ZIP         Change         Addition           NAME         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP         6.4 CITY-ST-ZIP								
NAME		NUMIN FUNI MIENO FL	□ DELETE			☐ Change ☐ Addition		
5.3 STREET ADDRESS			occ216					
DELETE								
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY_ST_ZIP 6.4 CITY_ST_ZIP			T DELETE			Change Addition		
STREET ADDRESS  6.3 STREET ADDRESS  CITY_ST_ZIP  6.4 CITY_ST_ZIP						_ ,		
CITY-ST-ZIP 6.4 CITY-ST-ZIP	i			₹				
				1				
	14. I hereby	ertify that the information supplied with	this filing does not qualify for the		Section 119.07(3)(i), Florida Statutes. I further co	ertify 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 it made under oath; that I am a 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, no an attachment with an address, with all other like empowered.

SIGNATURE: X