

2-11-97 B 1724 C  
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Feb 11 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N50160 (3)  
1. Corporation Name  
PIONEER ACRES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address  
234 S 6TH AVE POB 1149  
WAUCHULA FL 33873 WAUCHULA FL 33873-1149  
US

3. Date Incorporated or Qualified 07/27/1992 3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0350733	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOE L. DAVIS INC  
234 S SIXTH AVE  
WAUCHULA FL 33873

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VPD
NAME	DAVIS, JOE L. JR	1.2 NAME	DAVIS, JOE L. JR.
STREET ADDRESS	NE MANLEY RD	1.3 STREET ADDRESS	322 N.E. MANLEY RD., P.O. BOX 1149
CITY-ST-ZIP	WAUCHULA FL	1.4 CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	STD	2.1 TITLE	PD
NAME	SEE, JAMES V. JR	2.2 NAME	SEE, JAMES V. JR
STREET ADDRESS	OAK FOREST DR	2.3 STREET ADDRESS	107 OAK FOREST DR., P.O. BOX 1149
CITY-ST-ZIP	WAUCHULA FL	2.4 CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	D	3.1 TITLE	SD
NAME	SEE, JAMES V.	3.2 NAME	SEE, JAMES V.
STREET ADDRESS	CITRUS ST	3.3 STREET ADDRESS	1311 CITRUS ST., P.O. BOX 1149
CITY-ST-ZIP	WAUCHULA FL	3.4 CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 appointed 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

2/4/97 (941) 773-2128

CR2E037 (9/96)