


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N50160	
1. Entity Name PIONEER ACRES HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 436 CRACKER LN. WAUCHULA, FL 33873 US	Mailing Address PO BOX 883 WAUCHULA, FL 33873 US
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04292004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0350733	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**S.M. YOUNG PROPERTIES, INC.
436 CRACKER LN.
WAUCHULA, FL 33873**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNG, MICHAEL C 436 CRACKER LN. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, STEPHANIE N 436 CRACKER LN. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, AMY 3792 E. MAIN ST. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Young*
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

April 29, 04
Date

Daytime Phone #