

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 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**

**DO NOT WRITE IN THIS SPACE**



04292005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-0350733**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

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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, 2005**

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  
YOUONG, 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

U00000358392  
05/04/05-80112-022 61.25

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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)(i), 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **863-773-6768**