

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90157 003 ****61.25

DOCUMENT # N50160

1. Entity Name

PIONEER ACRES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**802 N. LANIER AVE.
FORT MEADE FL 33841
US**

Mailing Address

**802 N. LANIER AVE.
FORT MEADE FL 33841
US**

2. Principal Place of Business

436 CRACKER LN

3. Mailing Address

PO BOX 883

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WAUCHULA FL

City & State

WAUCHULA FL

Zip

33873

Country

US

Zip

33873

Country

US

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.

**802 N. LANIER AVE.
FORT MEADE FL 33841**

7. Name and Address of New Registered Agent

Name

S.M. YOUNG PROPERTIES, INC.

Street Address (P.O. Box Number is Not Acceptable)

436 CRACKER LN

City

WAUCHULA

FL

Zip Code

33873

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

Stephanie N. Young

STEPHANIE N YOUNG

02/27/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ Delete
NAME **YOUNG, MICHAEL C**
STREET ADDRESS **802 N. LANIER AVE.**
CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE **PD** ☐ Delete
NAME **YOUNG, STEPHANIE N**
STREET ADDRESS **802 N. LANIER AVE.**
CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE **SD** ☐ Delete
NAME **DAVIS, AMY**
STREET ADDRESS **3792 E. MAIN ST.**
CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Change ☐ Addition
NAME **YOUNG, MICHAEL C**
STREET ADDRESS **436 CRACKER LN**
CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE **PD** ☒ Change ☐ Addition
NAME **YOUNG, STEPHANIE N**
STREET ADDRESS **436 CRACKER LN**
CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Stephanie N. Young* **STEPHANIE N YOUNG** **02/27/03** **863-767-0368**

CR2E037 (10/02)