

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000811 (7)**

1. Corporation Name

**PIONEER VILLAGE MOBILE HOME TENANTS ASSOCIATION,
INCORPORATED**

Principal Place of Business

Mailing Address

**901 MASSACHUSETTS AVE
LOT 99
PENSACOLA FL 32505
US**

**901 MASSACHUSETTS AVE
LOT 99
PENSACOLA FL 32505
US**

3. Date Incorporated or Qualified

02/15/1996

4. FEI Number

59-3373802

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒

Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DETRICK, GEORGIANNA
901 MASSACHUSETTS AVE
LOT 99
PENSACOLA FL 32505**

81 Name

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

83

84 City

FL

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	P	<input type="checkbox"/> DELETE
NAME	DETRICK, RALPH	
STREET ADDRESS	901 MASSACHUSETTS AVE, LOT 99	
CITY-ST-ZIP	PENSACOLA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	SINCLAIR, BERTHA	
STREET ADDRESS	901 MASSACHUSETTS AVE, LOT 49	
CITY-ST-ZIP	PENSACOLA FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	BD	<input checked="" type="checkbox"/> DELETE
NAME	MARLOWE, JOHN	
STREET ADDRESS	901 MASSACHUSETTS AVE, LOT 46B	
CITY-ST-ZIP	PENSACOLA FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	BD	<input checked="" type="checkbox"/> DELETE
NAME	MERRITT, HOWARD	
STREET ADDRESS	901 MASSACHUSETTS AVE, LOT 33	
CITY-ST-ZIP	PENSACOLA FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	BD	<input type="checkbox"/> DELETE
NAME	TROTTER, NELSON JR.	
STREET ADDRESS	901 MASSACHUSETTS AVE, LOT 33	
CITY-ST-ZIP	PENSACOLA FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	BD	<input type="checkbox"/> DELETE
NAME	MINOR, ELIZABETH	
STREET ADDRESS	901 MASSACHUSETTS AVE, LOT 54	
CITY-ST-ZIP	PENSACOLA FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 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, or on an attachment with an address.

SIGNATURE: *Ralph Detrick* **RALPH DETRICK** 26 April 1998 (850) 470-9740

CR25037 (10/97)