


FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90090 036 ****70.00

0083765

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N96000000811

1. Corporation Name

PIONEER VILLAGE MOBILE HOME TENANTS ASSOCIATION, INCORPORATED

Principal Place of Business

901 MASSACHUSETTS AVE
LOT 99
PENSACOLA FL 32505
US

Mailing Address

901 MASSACHUSETTS AVE
LOT 99 41-A
PENSACOLA FL 32505
US



2. Principal Place of Business

21 901 MASSACHUSETTS AVE

Suite, Apt. #, etc.

22 Lot 41-A

City & State

23 Pensacola, FL

Zip

24 32505

Country

25 Esc.

2a. Mailing Address

26 901 MASSACHUSETTS AVE

Suite, Apt. #, etc.

27 Lot 41-A

City & State

28 Pensacola FL

Zip

29 32505

Country

30 Esc.

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 Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DETRICK, GEORGIANNA
901 MASSACHUSETTS AVE
LOT 99
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name Brown Theresa Ann

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

901 W. Mass Ave # 41-A

83 Pensacola

84 City Pensacola

FL

85 Zip Code 32505

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 Theresa Ann Brown

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

(NOTE: Registered Agent signature required when reinstating)

Apr. 25, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME DETRICK, RALPH
STREET ADDRESS 901 MASSACHUSETTS AVE, LOT 99
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME ST SINCLAIR, BERTHA
STREET ADDRESS 901 MASSACHUSETTS AVE, LOT 49
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME BD TROTTER, NELSON JR.
STREET ADDRESS 901 MASSACHUSETTS AVE, LOT 33
CITY-ST-ZIP PENSACOLA FL

TITLE ☒ DELETE

NAME BD MINOR, ELIZABETH
STREET ADDRESS 901 MASSACHUSSTTS AVE, LOT 54
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME [Faint]
STREET ADDRESS [Faint]
CITY-ST-ZIP [Faint]

TITLE ☐ DELETE

NAME [Faint]
STREET ADDRESS [Faint]
CITY-ST-ZIP [Faint]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME P BROWN RONALD
12 NAME
13 STREET ADDRESS 901 MASSACHUSETTS AVE 41-A
14 CITY-ST-ZIP PENSACOLA, FL 32505

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Ronald Brown SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)