

**CORPORATION
ANNUAL REPORT
1995**

Florida Department of
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 707525 (2)

95 APR -5 PM 2:42

1. Corporation Name
GREATER PINE ISLAND WATER ASSOCIATION, INCORPORATED

Principal Place of Business Mailing Address
5281 PINE ISLAND ROAD BOKEELIA FL 33922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/02/1964** 3a. Date of Last Report **03/08/1994**

4. FEI Number **59-1115303** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 Zip Country 29 Zip Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOYT, WALTER J.
5776 MACKERAL ROAD
BOKEELIA FL 33922**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PRICE, BERNARD D. 3718 RUBY AVE. ST. JAMES CITY FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D Jake Shepherd 2715 Geary Street Matlacha <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MASTERS, JACK 7771 BREAKWATER CT. BOKEELIA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D Charles Maloy 14251 Bokeelia Road Bokeelia, FL 33922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WIESECKEL, BEATRICE 11867 ISLAND AVENUE MATLACHA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Secretary David P. Bradley, Sr. 5676 Birdsong Lane Bokeelia, FL 33922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HOYT, WALTER J. 5776 MACKERAL ROAD BOKEELIA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D Ron Schlegel 2775 Geary Street Matlacha, FL 33909 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SYKES, LEE 5388 BIRDSONG LANE BOKEELIA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Beatrice Wieseckel (delete) 11867 Island Avenue Matlacha, FL 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROACH, DONNA 3851 TANGERINE STREET ST. JAMES CITY FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 9 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Walter J. Hoyt*
Signature and typed or printed name of signing officer or director
Walter J. Hoyt, Treasurer

Date **3/28/95** Daytime Phone # **813-283-1071**