

FILE NOW:-FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **707525** (2)
1. Corporation Name
GREATER PINE ISLAND WATER ASSOCIATION, INCORPORATED



100001764281
-04/01/96--01029--016

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

3. Date of Incorporation or Qualified **07/02/1964** 3a. Date of Last Report **04/05/1995**
4. FEI Number **59-1115303** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 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 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**HOYT, WALTER J.
5776 MACKERAL ROAD
BOKEELIA FL 33922**

10. Name and Address of New Registered Agent
81 Name **Eileen M. Grover**
82 Street Address (P.O. Box Number is Not Acceptable) **5400 Pine Island Road, Suite D**
83
84 City **Bokeelia** FL 85 Zip Code **33922**

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 *Eileen M. Grover* **Eileen M. Grover, Sec.** 3/19/96
Signature, typed or printed name of registered agent and title in parentheses (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRICE, BERNARD D.	
STREET ADDRESS	3718 RUBY AVE.	
CITY - ST - ZIP	ST. JAMES CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MASTERS, JACK	
STREET ADDRESS	7771 BREAKWATER CT.	
CITY - ST - ZIP	BOKEELIA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAVID P BRADLEY SR	
STREET ADDRESS	5676 BIRDSONG LANE	
CITY - ST - ZIP	BOKEELIA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOYT, WALTER J.	
STREET ADDRESS	5776 MACKERAL ROAD	
CITY - ST - ZIP	BOKEELIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROACH, DONNA	
STREET ADDRESS	3851 TANGERINE STREET	
CITY - ST - ZIP	ST. JAMES CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Ron Schlegel	
13 STREET ADDRESS	2775 Geary Street	
14 CITY - ST - ZIP	Matlacha, FL 33909	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Charley Maloy	
23 STREET ADDRESS	14251 Bokeelia Road	
24 CITY - ST - ZIP	Bokeelia, FL 33922	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	David P. Bradley, Sr.	
33 STREET ADDRESS	5676 Birdsong Lane	
34 CITY - ST - ZIP	Bokeelia, FL 33922	
41 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Eileen M. Grover	
43 STREET ADDRESS	10768 Russell Road	
44 CITY - ST - ZIP	Bokeelia, FL 33922	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Lee Sykes	
53 STREET ADDRESS	5388 Birdsong Lane	
54 CITY - ST - ZIP	Bokeelia, FL 33922	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Ronald Wood	
63 STREET ADDRESS	3712 S.W. 5th Street	
64 CITY - ST - ZIP	Cape Coral, FL 33991	

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 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: *B. D. Price* **B. D. Price, Pres.** Feb 28, 1996 283-0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time/Phone #

CR2E037 (12/95)