

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707525 (2)**

1. Corporation Name  
**GREATER PINE ISLAND WATER ASSOCIATION, INCORPORATED**



Principal Place of Business <b>5281 PINE ISLAND ROAD BOKEELIA FL 33922</b>	Mailing Address <b>5281 PINE ISLAND ROAD BOKEELIA FL 33922-3252</b>
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3. Date Incorporated or Qualified <b>07/02/1964</b>	3a. Date of Last Report <b>03/30/1996</b>
4. FEI Number <b>59-1115303</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**GROVER, EILEEN M.  
5400 PINE ISLAND RD.  
BOKEELIA FL 33922**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PRICE, BERNARD D.</b>
STREET ADDRESS	<b>3718 RUBY AVE.</b>
CITY-ST-ZIP	<b>ST. JAMES CITY FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>MASTERS, JACK</b>
STREET ADDRESS	<b>7771 BREAKWATER CT.</b>
CITY-ST-ZIP	<b>BOKEELIA FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DAVID P BRADLEY SR</b>
STREET ADDRESS	<b>5876 BIRDSONG LANE</b>
CITY-ST-ZIP	<b>BOKEELIA FL 33922</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>GROVER, EILEEN M</b>
STREET ADDRESS	<b>10768 RUSSELL RD.</b>
CITY-ST-ZIP	<b>BOKEELIA FL 33922</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ROACH, DONNA</b>
STREET ADDRESS	<b>3851 TANGERINE STREET</b>
CITY-ST-ZIP	<b>ST. JAMES CITY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCHLEGEL, RON</b>
STREET ADDRESS	<b>2775 GEARY STREET</b>
CITY-ST-ZIP	<b>MATLACHA FL 33909</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Herring, Carlyn</b>
1.3 STREET ADDRESS	<b>4786 Woodstock Drive</b>
1.4 CITY-ST-ZIP	<b>St. James City, FL 33956</b>
2.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Masters, Jack</b>
2.3 STREET ADDRESS	<b>7771 Breakwater Court</b>
2.4 CITY-ST-ZIP	<b>Bokeelia, FL 33922</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Wszolek, Walter</b>
3.3 STREET ADDRESS	<b>2825 Tern Court</b>
3.4 CITY-ST-ZIP	<b>St. James City, FL 33956</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Davis, Phyllis</b>
4.3 STREET ADDRESS	<b>7231 Davis Road</b>
4.4 CITY-ST-ZIP	<b>Pineland, FL 33922</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Winsor, Dale</b>
5.3 STREET ADDRESS	<b>2921 Bounty Lane</b>
5.4 CITY-ST-ZIP	<b>St. James City, FL 33956</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Wood, Ronald</b>
6.3 STREET ADDRESS	<b>3712 S.W. 5th Street</b>
6.4 CITY-ST-ZIP	<b>Cape Coral, FL 33991</b>

14. I do 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: *Jack Masters* **REQUIRED** **Jack Masters, President 3/1/97**

CP2E037 (9/96)