

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 11 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>5261 PINE ISLAND ROAD BOKEELIA FL 33922</b>	Mailing Address <b>5261 PINE ISLAND ROAD BOKEELIA FL 33922</b>
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3. Date Incorporated or Qualified  
**07/02/1964**

4. FEI Number  
**59-1115303**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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

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

6. Election Campaign Financing Trust Fund Contribution  **\$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

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>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HERRING, CARLYN</b>	
STREET ADDRESS	<b>4786 WOODSTOCK DR</b>	
CITY-ST-ZIP	<b>ST JAMES CITY FL</b>	
TITLE	<b>P</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>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WSZOLEK, WALTER</b>	
STREET ADDRESS	<b>2825 TERN COURT</b>	
CITY-ST-ZIP	<b>ST JAMES CITY FL</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 type="checkbox"/> DELETE
NAME	<b>DAVIS, PHYLLIS</b>	
STREET ADDRESS	<b>7231 DAVIS RD</b>	
CITY-ST-ZIP	<b>PINELAND FL</b>	
TITLE	<b>D</b>	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Vice President</b>
3.3 STREET ADDRESS	<b>Walter Wszolek</b>
3.4 CITY-ST-ZIP	<b>2825 Tern Court</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D</b>
6.3 STREET ADDRESS	<b>Bernard Price</b>
6.4 CITY-ST-ZIP	<b>3718 Ruby Avenue</b>
	<b>St. James City, FL 33956</b>

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: *Carlyn Herring* Carlyn Herring 3/2/98 941-283-0505

CR2E037 (10/97)