

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707525

1. Entity Name

GREATER PINE ISLAND WATER ASSOCIATION, INCORPORA

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90125 036 ****61.25

Principal Place of Business 5281 PINE ISLAND ROAD BOKEELIA FL 33922	Mailing Address 5281 PINE ISLAND ROAD BOKEELIA FL 33922-3252
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1115303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WOODROW, PATRICIA
11851 ISLAND AVE.
MATLACHA FL 33993

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	HERRING, CARLYN	
STREET ADDRESS	4786 WOODSTOCK DR	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOODROW, PATRICIA	
STREET ADDRESS	11851 ISLAND AVE.	
CITY-ST-ZIP	MATLACHA FL 33993	
TITLE	D	<input type="checkbox"/> Delete
NAME	WSZOLEK, WALTER	
STREET ADDRESS	2825 TERN COURT	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENS, BEN	
STREET ADDRESS	5916 CUBLES DR.	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, PHYLLIS	
STREET ADDRESS	7231 DAVIS RD	
CITY-ST-ZIP	PINELAND FL 33945	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRICE, BERNARD	
STREET ADDRESS	3718 RUBY AVE	
CITY-ST-ZIP	ST JAMES CITY FL 33956	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Rhyne	
STREET ADDRESS	12877 Aubrey Lane	
CITY-ST-ZIP	Bokeelia, FL 33922	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leo Amos	
STREET ADDRESS	2879 Janet Street	
CITY-ST-ZIP	Matlacha, FL 33993	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Masters	
STREET ADDRESS	7771 Breakwater Court	
CITY-ST-ZIP	Bokeelia, FL 33922	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Shevlin	
STREET ADDRESS	13921 Roberts Road	
CITY-ST-ZIP	Pineland, FL 33945	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Birmingham	
STREET ADDRESS	4729 Berkshire Road	
CITY-ST-ZIP	St. James City, FL 33956	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Rhyne* **David Rhyne** 2/25/00 941-283-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)