

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 12, 2001 8:00 am  
Secretary of State

03-12-2001 90500 011 \*\*\*\*61.25

DOCUMENT # 707525

1. Entity Name

GREATER PINE ISLAND WATER ASSOCIATION, INCORPORA

Principal Place of Business

Mailing Address

5281 PINE ISLAND ROAD  
BOKEELIA FL 33922

5281 PINE ISLAND ROAD  
BOKEELIA FL 33922

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

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODROW, PATRICIA  
11851 ISLAND AVE.  
MATLACHA FL 33993

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VP	HERRING, CARLYN	4786 WOODSTOCK DR	ST JAMES CITY FL 33956	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	WOODROW, PATRICIA	11851 ISLAND AVE.	MATLACHA FL 33993	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	WSZOLEK, WALTER	2825 TERN COURT	ST JAMES CITY FL 33956	<input checked="" type="checkbox"/>	P	David Rhyne	12877 Aubrey Lane	Bokeelia, FL 33922	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	STEVENS, BEN	5916 CUBLES DR.	BOKEELIA FL 33922	<input checked="" type="checkbox"/>	D	Mike Shevlin	13921 Roberts Road	Pineland, FL 33945	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	BIRMINGHAM, GEORGE	4729 BERKSHIRE RD	SAINT JAMES CITY FL 33956	<input checked="" type="checkbox"/>	D	Leo Amos	2879 Janet Street	Matlacha, FL 33993	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MASTERS, JACK	7771 BREAKWATER CT	BOKEELIA FL 33922	<input type="checkbox"/>	S				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)