


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90092 036 ****61.25

DOCUMENT # 707525
 1. Entity Name
GREATER PINE ISLAND WATER ASSOCIATION, INCORPORATED



Principal Place of Business
 5281 PINE ISLAND ROAD
 BOKEELIA, FL 33922

Mailing Address
 5281 PINE ISLAND ROAD
 BOKEELIA, FL 33922

50022465



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01312005 Chg-NP CR2E037 (10/03)

City & State
 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
THACHER, WILLIAM J
5281 PINE ISLAND ROAD
BOKEELIA, FL 33922

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WARD, DENNIS	
STREET ADDRESS	2272 YORK RD.	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BELL, DONALD	
STREET ADDRESS	11884 PRINCESS GRACE CT	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRISCILLA, LEWIS	
STREET ADDRESS	14171-BOKEELIA RD.	
CITY-ST-ZIP	BOKEELIA, FL 33922	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANION, DAVID	
STREET ADDRESS	3388 YORK ROAD	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRABOWSKI, TOM	
STREET ADDRESS	3542 PINE TREE DRIVE	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956	
TITLE	S	<input type="checkbox"/> Delete
NAME	MASTERS, JACK	
STREET ADDRESS	7771 BREAKWATER CT	
CITY-ST-ZIP	BOKEELIA, FL 33922	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Sanders	
STREET ADDRESS	11647 Island Avenue	
CITY-ST-ZIP	Matlacha, FL 33993	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Cleaver	
STREET ADDRESS	5326 Martin Cove	
CITY-ST-ZIP	Bokeelia, FL 33922	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Loibl	
STREET ADDRESS	11653 Island Avenue	
CITY-ST-ZIP	Matlacha, FL 33993	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Al Hill, Jr.	
STREET ADDRESS	11906 Royal Tee Circle	
CITY-ST-ZIP	Cape Coral, FL 33991	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Dennis Ward* **Dennis Ward, Pres** **Feb 28, 2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #