2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707525

FILED Feb 27, 2009 Secretary of State

Entity Name: GREATER PINE ISLAND WATER ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

5281 PINE ISLAND ROAD BOKEELIA, FL 33922

Current Mailing Address: New Mailing Address:

5281 PINE ISLAND ROAD BOKEELIA, FL 33922

FEI Number: 59-1115303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THACHER, WILLIAM J 5281 PINE ISLAND ROAD BOKEELIA, FL 33922 US

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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 WARD, DENNIS
 Name:
 SANDERS, DANIEL

 Address:
 2272 YORK RD.
 Address:
 11647 ISLAND AVENUE

 City-St-Zip:
 SAINT JAMES CITY, FL 33956
 City-St-Zip:
 MATLACHA, FL 33993

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 SANDERS, DANIEL
 Name:
 JACOBS, BILL

 Address:
 11647 ISLAND AVENUE
 Address:
 5424 SERENITY COVE

 City-St-Zip:
 MATLACHA, FL 33993
 City-St-Zip:
 BOKEELIA, FL 33922

Title: TD () Delete Title: () Change () Addition

 Name:
 HILL, ROBERT
 Name:

 Address:
 2631 BAYSHORE DR
 Address:

 City-St-Zip:
 MATLACHA, FL 33993
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name: DOHME, CHRISTOPHER Name: EPRANIAN, BILL
Address: 5404 MARINA DR Address: 2540 ROSE AVE

City-St-Zip: BOKEELIA, FL 33922 City-St-Zip: ST JAMES CITY, FL 33956

Name:JACOBS, WILLIAMName:HINES, KENTAddress:5424 SERENITY COVEAddress:5417 SERENITY COVE

City-St-Zip: BOKEELIA, FL 33922 City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete Title: () Change () Addition

 Name:
 HERRING, CARLYN
 Name:

 Address:
 4786 WOODSTOCK DR
 Address:

 City-St-Zip:
 SAINT JAMES CITY, FL 33956
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL SANDERS PRES 02/27/2009