FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20106 (3)

1. Corporation Name

GREATER PINE ISLAND CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% JAMES T. HUMPHREY SUITE 301, 1625 HENDRY STREET FORT MYERS FL 33901	% JAMES T. HUMPHREY SUITE 301, 1625 HENDRY STREET FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1987
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-0995723 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

HUMPHREY, JAMES T.
SUITE 301
1625 HENDRY STREET
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D Boyd EUGENE ☐ Change ☐ Addition
NAME	HOLMES, RICHARD	1.2 NAME	
STREET ADDRESS	2490 SYCAMORE	1.3 STREET ADDRESS	5225 SERENITY Cove
CITY-ST-ZIP	ST. JAMES CITY FL	1.4 CITY-ST-ZIP	Bokeelia Fl
TITLE	D	2.1 TITLE	D William Hoye ☐ Change ☐ Addition
NAME	~~WILLSON, HAROLD L~~	2.2 NAME	
STREET ADDRESS	~~9020 HARPOON LANE~~	2.3 STREET ADDRESS	12571 Aubrey Ln
CITY-ST-ZIP	~~ST JAMES CITY FL~~	2.4 CITY-ST-ZIP	Bokeelia Fl
TITLE	D	3.1 TITLE	D Robert Owens ☐ Change ☐ Addition
NAME	HARMON, MARGARET	3.2 NAME	
STREET ADDRESS	2191 BANANA STREET	3.3 STREET ADDRESS	3236 6th Ave
CITY-ST-ZIP	ST JAMES CITY FL	3.4 CITY-ST-ZIP	St. James Fl
TITLE	PD	4.1 TITLE	D Leroy Lippmann ☐ Change ☐ Addition
NAME	~~BOYD, EUGENE S~~	4.2 NAME	
STREET ADDRESS	~~5225 SERENITY COVE~~	4.3 STREET ADDRESS	3636 RITA Ln.
CITY-ST-ZIP	~~BOKEELIA FL~~	4.4 CITY-ST-ZIP	St. James City Fl
TITLE		5.1 TITLE	D Joan Hoye ☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	12571 AUBREY Ln
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bokeelia Fl
TITLE		6.1 TITLE	P Arnold Keberle ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	2703 Grande Pine Rd
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Bokeelia Fl

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Arnold Keberle President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/95 813 283 5296
Date Daytime Phone #

0018719