

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766929

FILED
Jan 07, 2008
Secretary of State

Entity Name: PINE ISLAND ART ASSOCIATION, INC.

Current Principal Place of Business:

4577 NW PINE ISLAND ROAD
MATLACHA, FL 33993

New Principal Place of Business:

Current Mailing Address:

PO BOX 12
ST JAMES CITY, FL 33956

New Mailing Address:

FEI Number: 59-2329408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCEWAN, CHRIS G., ESQ.
5400 PINE ISLAND RD.
BOKEELIA, FL 33922 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WIGGLESWORTH, LOUISE
Address: 1439 NW 25TH PLACE
City-St-Zip: CAPE CORAL, FL 33993

Title: PD () Delete
Name: MALOY, PAT
Address: 14251 BOKEELIA ROAD
City-St-Zip: BOKEELIA, FL 33922

Title: VD () Delete
Name: BOWLES, JOANNA
Address: 3831 MANATEE DRIVE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: TD () Delete
Name: TRAYLOR, SHARON
Address: 2849 SANIBEL BLVD
City-St-Zip: ST JAMES CITY, FL 33956

Title: S () Delete
Name: CAHILL, MARIE
Address: 11811 ISLAND AVE.
City-St-Zip: MATLACHA, FL 33993

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SHARON TRAYLOR

TD

01/07/2008

Electronic Signature of Signing Officer or Director

Date