

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766929

FILED  
Jan 13, 2009  
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

01/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date