

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766929

**FILED**  
**Jan 03, 2012**  
**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  
**Name:** WERNER, VICKY  
**Address:** 14043 BOKEELIA ROAD  
**City-St-Zip:** BOKEELIA, FL 33922

**Title:** VD  
**Name:** LANIER, USCHI  
**Address:** 2530 SW 38TH TERRACE  
**City-St-Zip:** CAPE CORAL, FL 33914

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** SHARON TRAYLOR

TD

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date