


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90035 011 ****61.25

DOCUMENT # N04000002006 1. Entity Name PINE ISLAND WRITERS, INCORPORATED					
Principal Place of Business 16091 BUCCANEER ST BOKEELIA, FL 33922			Mailing Address P.O. BOX 546 BOKEELIA, FL 33922		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MALBON, YVONNE D 16091 BUCCANEER ST BOKEELIA, FL 33922			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P MCNELLY, JUSY <input checked="" type="checkbox"/> Delete		TITLE	PRES DENYEA SWARTZ <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	3396 EIGHT AVE		NAME	2096 MACADAMIA LANE	
STREET ADDRESS	ST JAMES CITY, FL 33956		STREET ADDRESS	ST JAMES CITY, FL 33956	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V MCDONALD, KEITH <input checked="" type="checkbox"/> Delete		TITLE	V PRES LYNNE MAYHEW <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7528 GRANDE PINE RD		NAME	3651 CATAMARAN LAKE	
STREET ADDRESS	BOKEELIA, FL 33922		STREET ADDRESS	ST JAMES CITY, FL 33952	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	ST MALBON, YVONNE D <input checked="" type="checkbox"/> Delete		TITLE	SEC PATRICIA FOOTE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	16091 BUCCANEER ST		NAME	7021 SE 36TH STREET	
STREET ADDRESS	BOKEELIA, FL 33922		STREET ADDRESS	CAPE CORAL, FL 33904	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	TR YVE MALBORN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	16091 BUCCANEER ST	
STREET ADDRESS			STREET ADDRESS	BOKEELIA, FL 33922	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Yvonne D Malbon</i></u> YVONNE D MALBON <u>3/30/07</u> <u>239-283-4476</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					