

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002006

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: PINE ISLAND WRITERS, INCORPORATED

## Current Principal Place of Business:

16091 BUCCANEER ST  
BOKEELIA, FL 33922

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 546  
BOKEELIA, FL 33922

## New Mailing Address:

FEI Number: 33-1081909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALBON, YVONNE D  
16091 BUCCANEER ST  
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: LEAKE, NANCY  
Address: 2748 JANET STREET  
City-St-Zip: MARLACHA, FL 33956

Title: V ( ) Delete  
Name: MAYHEW, LYNNE  
Address: 3651 CATAMARAN LANE  
City-St-Zip: ST. JAMES CITY, FL 33952

Title: S ( ) Delete  
Name: FOOTE, PATRICIA  
Address: 7021 SE 36TH STREET  
City-St-Zip: CAPE CORAL, FL 33904

Title: P ( ) Delete  
Name: MALBORN, YVE  
Address: 16091 BUCCANEER ST  
City-St-Zip: BOKEELIA, FL 33922

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEAKE, NANCY  
Address: 2748 JANET STREET  
City-St-Zip: MATLACHA, FL 33956

Title: V (X) Change ( ) Addition  
Name: HIGGINS, GLENN F  
Address: 15720 QUAIL TRAIL  
City-St-Zip: BOKEELIA, FL 33922

Title: S (X) Change ( ) Addition  
Name: MAYHEW, LYNNE  
Address: 3651 CATAMARAN LANE  
City-St-Zip: ST. JAMES CITY, FL 33952

Title: P (X) Change ( ) Addition  
Name: MALBORN, YVONNE D  
Address: 16091 BUCCANEER ST  
City-St-Zip: BOKEELIA, FL 33922

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: YVONNE D. MALBON

T

02/17/2009

Electronic Signature of Signing Officer or Director

Date