

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002006

FILED  
Mar 09, 2012  
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:**

12220 MOON SHELL DRIVE  
MATLACHA, FL 33991

**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:**

GIBBONS, MARTA  
12220 MOON SHELL DRIVE  
MATLACHA, FL 33991 US

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: MARTA GIBBONS

03/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GIBBONS, MARTA  
Address: 12220 MOON SHELL DRIVE  
City-St-Zip: MATLACHA, FL 33991

Title: V  
Name: VORIS, JAMES  
Address: 3615 GONDOLA LANE  
City-St-Zip: ST. JAMES CITY, FL 33956

Title: S  
Name: ROY, KATHERYNE  
Address: 3113 SKIPPER LANE  
City-St-Zip: ST JAMES CITY, FL 33956

Title: T  
Name: RUHL, LAURIE  
Address: 914 N.W. 12TH LANE  
City-St-Zip: CAPE CORAL, FL 33993

Title: A  
Name: MALBON, YVONNE D  
Address: 16091 BUCCANEER STREET  
City-St-Zip: BOKEELIA, FL 33922

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: MARTA GIBBONS

P

03/09/2012

Electronic Signature of Signing Officer or Director

Date