

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06547

FILED  
Jan 15, 2006  
Secretary of State

**Entity Name:** PINE ISLAND CREEK OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5337 PINE CREEK LN  
BOKEELIA, FL 33922 US

**New Principal Place of Business:**

5419 PINE CREEK LN  
BOKEELIA, FL 33922 US

**Current Mailing Address:**

PO BOX 402  
MATLACHA, FL 33993 US

**New Mailing Address:**

**FEI Number:** 65-0764102      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCMAHAN, JOAN  
5337 PINE CREEK LN  
BOKEELIA, FL 33922 US

**Name and Address of New Registered Agent:**

ARKENAU, SUSAN  
5419 PINE CREEK LN  
BOKEELIA, FL 33922 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: SUSAN ARKENAU

01/15/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCMAHAN, JOAN  
Address: 5337 PINE CREEK LN  
City-St-Zip: BOKEELIA, FL 33922

Title: D ( ) Delete  
Name: DOKINGUEZ, NEL  
Address: 5401 PINE CREEK LANE  
City-St-Zip: BOKEELIA, FL 33922

Title: VP ( ) Delete  
Name: ARKENAU, PETER  
Address: 5419 PINE CREEK LANE  
City-St-Zip: BOKEELIA, FL 33922

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ARKENAU, SUSAN  
Address: 5419 PINE CREEK LN  
City-St-Zip: BOKEELIA, FL 33922

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: JERVIS, CARL  
Address: 2940 BUTTONWOOD KEY CT  
City-St-Zip: SAINT JAMES CITY, FL 33956

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN ARKENAU

PRES

01/15/2006

Electronic Signature of Signing Officer or Director

Date