

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06547

FILED
Mar 15, 2008
Secretary of State

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

Current Principal Place of Business:

5419 PINE CREEK LN
BOKEELIA, FL 33922 US

New Principal Place of Business:

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:

ARKENAU, SUSAN
5419 PINE CREEK LN
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: PD () Delete
Name: ARKENAU, SUSAN
Address: 5419 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: D () Delete
Name: JERVIS, CARL
Address: 2940 BUTTONWOOD KEY CT
City-St-Zip: SAINT JAMES CITY, FL 33956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DOMINGUEZ, NOEL
Address: 5401 PINE CREEK LANE
City-St-Zip: BOKEELIA, FL 33922

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

Title: SEC (X) Change () Addition
Name: MONACO, SUSAN
Address: 3423 STABILE RD
City-St-Zip: SAINT JAMES CITY, FL 33956

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: SUSAN ARKENAU

PRES

03/15/2008

Electronic Signature of Signing Officer or Director

Date