2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N06547

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:	DOMINGUEZ, NOEL	
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:	SEC	( ) Delete
Name:	MONACO, SUSAN	
Address:	3423 STABILE RD	
City-St-Zip:	SAINT JAMES CITY, FL 33956	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 03/11/2009

Electronic Signature of Signing Officer or Director — Date