


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90149 027 ****61.25

DOCUMENT # N40083 1. Entity Name PINE ISLAND INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 4981 GALT ISLAND AVE. SAINT JAMES CITY, FL 33956 US			Mailing Address 4981 GALT ISLAND AVE. P.O. BOX 60005 SAINT JAMES CITY, FL 33956 US		
2. Principal Place of Business P.O. Box 60005		3. Mailing Address P.O. Box 60005			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FL. Myers, FL		City & State FL. Myers, FL		4. FEI Number 65-0218654	
Zip 33906		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDER, GLADYS 7000 BARRANCAS AVE. BOKEELIA, FL 33922			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHNIEDER, GLADYS 7000 BARRANCAS AVE. BOKEELIA, FL 33922		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, S, D Gladys Schneider <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete TWIGG, BETTY 4981 GALT ISLAND AVE. SAINT JAMES CITY, FL 33956		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Bill OPP P.O. Box 60005 FL. Myers, FL 33906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete TWIGG, GLENN 4981 GALT ISLAND AVE. SAINT JAMES CITY, FL 33956		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Van Hong P.O. Box 530 Pineland, FL 33945 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Roger Pleake. 4677 Berkshire Rd. St. James, City, FL 33956 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			April 10, 2004 <small>Date</small>		239-694-2174 <small>Daytime Phone #</small>