

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90850 033 \*\*\*\*61.25

**DOCUMENT # N40083**

1. Entity Name

**PINE ISLAND INDUSTRIAL PARK PROPERTY OWNERS ASSO  
CIATION, INC.**



Principal Place of Business

**4700 PINE ISLAND RD NW  
P.O. BOX 66  
MATLACHA FL 33993  
US**

Mailing Address

**4700 PINE ISLAND RD NW  
P.O. BOX 66  
MATLACHA FL 33993  
US**

2. Principal Place of Business

**4981 GALT ISLAND AVE**

3. Mailing Address

**4981 GALT ISLAND AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ST JAMES CITY, FL**

City & State

**ST JAMES CITY, FL**

Zip

**33956**

Country

**US**

Zip

**33956**

Country

**US**

4. FEI Number **65-0218654**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GLUHAREFF, ALEXANDER M  
4700 PINE ISLAND RD NW  
MATLACHA FL 33993**

7. Name and Address of New Registered Agent

Name **SCHNEIDER, GLADYS**

Street Address (P.O. Box Number is Not Acceptable)

**7000 BARRANCAS AVE**

City **BOKEELIA**

FL

Zip Code

**33922**

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

*Gladys Schneider*

**2/23/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **GLUHAREFF, ALEXANDER M**  
STREET ADDRESS **3596 EMERALD AVE**  
CITY-ST-ZIP **ST JAMES CITY FL**

TITLE **D** ☒ Delete  
NAME **ZUBAL, ELIZABETH**  
STREET ADDRESS **5380 MARTIN DR**  
CITY-ST-ZIP **BOKEELIA FL**

TITLE **D** ☒ Delete  
NAME **ROMIG, MARGARET A**  
STREET ADDRESS **5367 ANN ARBOR DR**  
CITY-ST-ZIP **BOKEELIA FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **SCHNEIDER, GLADYS**  
STREET ADDRESS **7000 BARRANCAS AVE**  
CITY-ST-ZIP **BOKEELIA, FL 33922**

TITLE **D** ☐ Change ☒ Addition  
NAME **TWIGG, BETTY**  
STREET ADDRESS **4981 GALT ISLAND AVE**  
CITY-ST-ZIP **ST JAMES CITY, FL 33956**

TITLE **D** ☐ Change ☒ Addition  
NAME **TWIGG, GLENN**  
STREET ADDRESS **4981 GALT ISLAND AVE**  
CITY-ST-ZIP **ST JAMES CITY, FL 33956**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Gladys Schneider*

**2-21-03 239 283-1100**

CR2E037 (10/02)