

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **755435** (5)
1. Corporation Name
PIRATE'S COVE CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**1355-1375 PINELLAS BRYWAY
TIERRA VERDE FL 33715
US** **C/O RESOURCE PROPERTY MGMT
114 PINELLAS BAYWAY
TIERRA VERDE FL 33715
US**

3. Date Incorporated or Qualified **12/09/1980** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
C/O RESOURCE PROPERTY MGMT

4. FEI Number **59-2140319** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
114 PINELLAS BAYWAY

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State
TIERRA VERDE

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip 25 Country 29 Zip 30 Country
33715 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ALBERTO FREDA
114 PINELLAS BAYWAY
1601 E. BAY DR, STE. #4
TIERRA VERDE FL 33715**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Alberto Freda* **ALBERTO FREDA, MANAGER** DATE **4/10/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAL CUSICK	1.2 NAME	
STREET ADDRESS	1375 PINELLAS BAYWAY #38	1.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	1.4 CITY-ST-ZIP	
TITLE	VP/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM ECKLES	2.2 NAME	
STREET ADDRESS	1355 PINELLAS BAYWAY #5	2.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	2.4 CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD GONLIN	3.2 NAME	
STREET ADDRESS	1375 PINELLAS BAYWAY #40	3.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	3.4 CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOULTON, JEANNE	4.2 NAME	
STREET ADDRESS	1355 PINELLAS BAYWAY, # 16	4.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHEAL OLSKI	5.2 NAME	CHARLES HUSICK
STREET ADDRESS	1375 PINELLAS BAYWAY #25	5.3 STREET ADDRESS	1375 PINELLAS BAYWAY, #29
CITY-ST-ZIP	TIERRA VERDE FL	5.4 CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD OLSON	6.2 NAME	
STREET ADDRESS	1375 PINELLAS BAYWAY #39	6.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	6.4 CITY-ST-ZIP	

Bank deposit \$61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Gonlin* **RICHARD GONLIN** DATE **4/12/96** PHONE **866-2843**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** DATE **CS 6/25/96**

CR2E037 (12/95)