

FILE NOW: FILING FEE IS \$61.25

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May 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755435** (5)
1. Corporation Name
PIRATE'S COVE CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O RESOURCE PROPERTY MGMT 114 PINELLAS BLVD TIERRA VERDE FL 33715 US	Mailing Address C/O RESOURCE PROPERTY MGMT 114 PINELLAS BLVD TIERRA VERDE FL 33715 US
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3. Date Incorporated or Qualified 12/09/1980	3a. Date of Last Report 06/25/1996
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2. Principal Place of Business 21 C/O RESOURCE MGMT Suite, Apt. #, etc. 22 118 PINELLAS BAYWAY City & State 23 TIERRA VERDE FL Zip 24 33715	2a. Mailing Address 26 C/O RESOURCE MGMT Suite, Apt. #, etc. 27 118 PINELLAS BAYWAY City & State 28 TIERRA VERDE FL Zip 29 33715	Country 25 US	Country 30 US
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4. FEI Number 59-2140319	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 ALBERTO FREDA
82 Street Address (P.O. Box Number is Not Acceptable) 118 PINELLAS BAYWAY
83
84 City TIERRA VERDE FL
85 Zip Code 33715

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** **4/1/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAL CUSICK	
STREET ADDRESS	1375 PINELLAS BAYWAY #38	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JIM ECKLES	
STREET ADDRESS	1355 PINELLAS BAYWAY #5	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RICHARD GONLIN	
STREET ADDRESS	1375 PINELLAS BAYWAY #40	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOULTON, JEANNE	
STREET ADDRESS	1355 PINELLAS BAYWAY, # 16	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUSICK, CHARLES	
STREET ADDRESS	1375 PINELLAS BAYWAY #29	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

14. I do 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 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: *[Signature]* **4/12/97** **866-2843**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0079280

CR2E037 (9/96)