
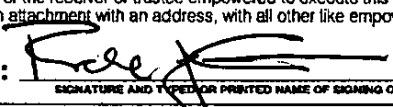


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90031 034 \*\*\*\*61.25

<b>DOCUMENT # 755435</b>					
<b>1. Entity Name</b> PIRATE'S COVE CLUB CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1355-1375 PINELLAS BAYWAY TIERRA VERDE, FL 33715 US			<b>Mailing Address</b> 5901 SUN BLVD SAINT PETERSBURG, FL 33715 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-2140319	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
RESOURCE PROPERTY MGT 5901 SUN BLVD STE 200 ST PETERSBURG, FL 33715				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONLIN, RICH		NAME		
STREET ADDRESS	1375 PINELLAS BAYWAY, #38		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUSICK, HAL		NAME		
STREET ADDRESS	1355 PINELLAS BAYWAY #5		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOSTRUM, GARY		NAME		
STREET ADDRESS	1375 PINELLAS BAYWAY		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOULTON, JEANNE		NAME	DONNA PATTERSON	
STREET ADDRESS	1355 PINELLAS BAYWAY #12		STREET ADDRESS	1355 Pinellas Bayway S	
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUSICK, CHARLES		NAME		
STREET ADDRESS	1375 PINELLAS BAYWAY #29		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAPIS, NICK		NAME		
STREET ADDRESS	1355 PINELLAS BAYWAY #1		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> 			Date: 8/25/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 727866 2843		