

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90083 047 ****61.25

DOCUMENT # N00000001836

1. Entity Name
**PIRATES COVE OF AMELIA HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**2245 SADLER ROAD
FERNANDINA BEACH, FL 32034**

Mailing Address
**2245 SADLER ROAD
FERNANDINA BEACH, FL 32034**

50008454



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCHANAN, CLAYTON W
210 JEAN LAFITTE
FERNANDINA BEACH, FL 32034**

Name

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

1854 Highland Drive

Fernandina Beach FL 32034

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.

X
SIGNATURE *CL Buchanan*

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

(NOTE: Registered Agent signature required when reappointing)

01/24/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BUCHANAN, CLAYTON W III**
STREET ADDRESS **210 JEAN LAFITTE**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE ☒ Change ☐ Addition
NAME **1854 Highland Drive**
STREET ADDRESS **FB, FL 32034**
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **BUCHANAN, CLAYTON W III**
STREET ADDRESS **2160 SOUTH FLETCHER AVE**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Jennie Stephens**
STREET ADDRESS **2606 Blackbeard Place**
CITY-ST-ZIP **Fernandina Bch, FL 32034**

TITLE **TD** ☐ Delete
NAME **PETERSON, RHONDA**
STREET ADDRESS **2140 BLUE HERON COURT**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE ☒ Change ☐ Addition
NAME **2145 Natures Gate Ct. N**
STREET ADDRESS **Fern Bch FL 32034**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: X *CL Buchanan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#904-
01/24/05 261-8249

Date

Daytime Phone #