# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
**1995**

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

APPROVED AND FILED
95 MAR 15 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10021 (6)

1. Corporation Name
PIRATES COVE INLET MASTER HOMEOWNERS' ASSOCIATIO N, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 300 CAIN RD.<br>PANAMA CITY BCH. FL 32413<br>US | 300 CAIN RD.<br>PANAMA CITY BEACH FL 32413 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1985
3a. Date of Last Report: 07/20/1994
4. FEI Number: 59-2884891 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☑ **$68.75** *Supplemental* Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GAYLOR, BOBBY
508 DONNA AVE.
FT. WALTON BCH. FL 32547

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | GAYLOR, BOBBY | 1.2 NAME | |
| STREET ADDRESS | 508 DONNA AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT WALTON BCH FL | 1.4 CITY-ST-ZIP | |
| TITLE | TD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | RUEHMANN, DOROTHEA | 2.2 NAME | |
| STREET ADDRESS | 203 GAIN RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY BCH. FL | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | ~~GAYLOR, BARBARA~~ | 3.2 NAME | |
| STREET ADDRESS | ~~508 DONNA AVENUE~~ | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ~~FORT WALTON BEACH FL~~ | 3.4 CITY-ST-ZIP | |
| TITLE | VD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | BOWDEN, RODGER | 4.2 NAME | |
| STREET ADDRESS | POST OFFICE BOX 5 N/A | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | KINSTON AL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | THOMPSON, MARK | 5.2 NAME | |
| STREET ADDRESS | 6539 JOHN PITTS RD. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | ☑ Change ☐ Addition |
| NAME | ~~TALBOT, FRANK~~ | 6.2 NAME | s/b Bert Solomon |
| STREET ADDRESS | ~~POST OFFICE BOX 647 N/A~~ | 6.3 STREET ADDRESS | 180 Derby Dr |
| CITY-ST-ZIP | BRUNDIDGE AL | 6.4 CITY-ST-ZIP | Fayette, Ga Fayetteville-30214 |

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:** Dorothea Ruehmann Dorothea Ruehmann 3-10-95 234-3353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

904

0002887