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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N10021 (6)

1. Corporation Name

PIRATES COVE INLET MASTER HOMEOWNERS' ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
300 CAIN RD. PANAMA CITY BCH. FL 32413 US	300 CAIN RD. PANAMA CITY BEACH FL 32413-1015

3. Date Incorporated or Qualified: 07/01/1985
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2884891 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

RUEHMANN, DOROTHEA
300 CAIN RD.
PANAMA CITY BCH. FL 32413

10. Name and Address of New Registered Agent

81 Name: Tobbie Bowen
82 Street Address (P.O. Box Number is Not Acceptable): 300 Cain Rd
83
84 City: PANAMA City BCH, FL 85 Zip Code: 32413

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 [signature] Tobbie Bowen — 3-19-97
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	☐ DELETE
NAME	WINDHAM, BUDDY	
STREET ADDRESS	147 CAIN RD.	
CITY-ST-ZIP	PANAMA CITY BCH. FL 32413	
TITLE	VD	☒ DELETE
NAME	WADE, BRENDA	
STREET ADDRESS	151 CAIN RD.	
CITY-ST-ZIP	PANAMA CITY BCH. FL 32413	
TITLE	SD	☒ DELETE
NAME	GAYLOR, BARBARA	
STREET ADDRESS	508 DONNA AVE	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	D	☐ DELETE
NAME	BOWEN, TOBIE	
STREET ADDRESS	302 CAIN RD.	
CITY-ST-ZIP	PANAMA CITY BCH. FL 32413	
TITLE	TD	☒ DELETE
NAME	RUEHMANN, DOROTHEA	
STREET ADDRESS	203 CAIN RD.	
CITY-ST-ZIP	PANAMA CITY BCH. FL 32413	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	Bobby Gaylor	
1.3 STREET ADDRESS	508 Donna Ave.	
1.4 CITY-ST-ZIP	FT. Walton Bch, FL. 32547	
2.1 TITLE	VD	☐ Change ☒ Addition
2.2 NAME	Joeseph Summerlin	
2.3 STREET ADDRESS	301 Cain Rd	
2.4 CITY-ST-ZIP	Panama City Bch, FL. 32413	
3.1 TITLE	SD	☐ Change ☒ Addition
3.2 NAME	Daphane Bowden	
3.3 STREET ADDRESS	P.O. Box 5 (NA)	
3.4 CITY-ST-ZIP	Kinston, AL, 36453	
4.1 TITLE	TD	☒ Change ☐ Addition
4.2 NAME	Tobbie Bowen	
4.3 STREET ADDRESS	302 Cain Rd	
4.4 CITY-ST-ZIP	Panama City Bch, FL. 32413	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	Bubby Windham	
5.3 STREET ADDRESS	147 Cain Rd	
5.4 CITY-ST-ZIP	Panama City Bch, FL. 32413	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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] Tobbie Bowen 3-19-97