FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90054 005 ****61.25

0010112

DOCUMENT # N10021

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/01/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2884891 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BOWEN, TOBBIE
300 CAIN RD
PANAMA CITY BCH. FL 32413

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 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 _____ 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	VPD	☐ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	WINDHAM, BUDDY		1.2 NAME	MARK THOMPSON	
STREET ADDRESS	147 CAIN RD.		1.3 STREET ADDRESS	150 CAIN Rd	
CITY-ST-ZIP	PANAMA CITY BCH. FL 32413		1.4 CITY-ST-ZIP	PANAMA CITY BCH, FL. 32413	
TITLE	O	☒ DELETE	2.1 TITLE	O	☐ Change ☒ Addition
NAME	MCDANIEL, MARTIN		2.2 NAME	RON COLEMAN	
STREET ADDRESS	303 CAIN RD		2.3 STREET ADDRESS	309 CAIN Rd	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413		2.4 CITY-ST-ZIP	PANAMA CITY BCH, FL. 32413	
TITLE	PD	☒ DELETE	3.1 TITLE	TD-SD	☒ Change ☐ Addition
NAME	SUMMERLIN, JOESEPH		3.2 NAME	TOBBIE BOWEN	
STREET ADDRESS	301 CAIN RD		3.3 STREET ADDRESS	302 CAIN Rd	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413		3.4. CITY-ST-ZIP	PANAMA CITY BCH, FL. 32413	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOWEN, TOBBIE		4. 2 NAME		
STREET ADDRESS	302 CIAN RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH. FL		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOWDEN, DAPHANE		5.2 NAME		
STREET ADDRESS	P.O. BOX 5 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	KINSTON AL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Tobbie Bowen 4-29-99 850-234-9558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)