

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90073 023 ****61.25

0016181

DOCUMENT # N10021

1. Entity Name

PIRATES COVE INLET MASTER HOMEOWNERS' ASSOCIATIO

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2884891

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

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

Name

BARBARA J GAYLOR

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

300 CAIN RD

City

PANAMA CITY BEACH, FL

Zip Code

32413

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.

SIGNATURE Barbara J. Gaylor BARBARA J. GAYLOR TREASURER 4-27-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Delete
 NAME **WINDHAM, BUDDY**
 STREET ADDRESS **147 CAIN RD.**
 CITY-ST-ZIP **PANAMA CITY BCH. FL 32413**

TITLE **P** ☐ Change ☒ Addition
 NAME **PEASE, FRANK**
 STREET ADDRESS **9200 144 CAIN RD**
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE **PD** ☐ Delete
 NAME **THOMPSON, MARK**
 STREET ADDRESS **150 CAIN RD**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE **D** ☒ Change ☐ Addition
 NAME **THOMPSON, MARK**
 STREET ADDRESS **150 CAIN RD**
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE **O** ☐ Delete
 NAME **COLEMAN, RON**
 STREET ADDRESS **309 CAIN RD**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE **S** ☒ Change ☐ Addition
 NAME **COLEMAN, RON**
 STREET ADDRESS **309 CAIN RD**
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE **TD** ☒ Delete
 NAME **BOWEN, TOBBIE**
 STREET ADDRESS **307 CAIN RD**
 CITY-ST-ZIP **PANAMA CITY BCH. FL**

TITLE **T** ☐ Change ☒ Addition
 NAME **BARBARA J. GAYLOR**
 STREET ADDRESS **300 CAIN RD**
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE **TDS** ☒ Delete
 NAME **BOWEN, TOBBIE**
 STREET ADDRESS **302 CAIN RD**
 CITY-ST-ZIP **PANAMA CITY BCH FL 32413**

TITLE **V** ☐ Change ☐ Addition
 NAME **WINDHAM, BUDDY**
 STREET ADDRESS **147 CAIN RD**
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

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: Barbara J. Gaylor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

Daytime Phone #

CR2E037 (10/00)