2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 03, 2004 8:00 am
Secretary of State
09-03-2004 90005 003 ****61.25

DOCUMENT # N10021

1. Entity Name

PIRATES COVE INLET MASTER HOMEOWNERS' ASSOCIATION, INC.

24083498

MOORE CR2E037 (4/04)

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
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

GAYLOR, BARBARA J
300 CAIN RD
PANAMA CITY BCH. FL 32413

7. Name and Address of New Registered Agent

Name: HUGH GRECO
Street Address (P.O. Box Number is Not Acceptable): 300 CAIN Rd
City: PANAMA City BCH, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Hugh Greco HUGH A. GRECO JULY 28/04
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
Due By September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WINDHAM, BUDDY 147 CAIN RD. PANAMA CITY BCH. FL 32413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUGH GRECO 304 CAIN Rd PANAMA City BCH, FL. 32413	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWANK, DAVE 118 IROQUOIS RD ENTERPRISE AL 36330	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MIKE FARRELL 303 CAIN Rd PANAMA City BCH, FL. 32413	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COLEMAN, RON 309 CAIN RD PANAMA CITY BEACH FL 32413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD O'MALLEY FOSTER 101 UNIT D CAIN Rd PANAMA City BCH, FL. 32413	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHIS, VICENTICA 207 CAIN RD. PANAMA CITY BEACH FL 32413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TOBBIE BOWEN 302 CAIN Rd PANAMA City BCH, FL. 32413	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD GAYLOR, BARBARA J 206 CAIN RD PANAMA CITY BCH FL 32413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNIE JONES 705 GULFVIEW DR PANAMA City BCH, FL. 32413	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Tobbie Bowen Tobbie Bowen July 28, 04 850-235-0423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #