

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90130 021 ****61.25

DOCUMENT # N10021 1. Entity Name PIRATES COVE INLET MASTER HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 300 CAIN RD. PANAMA CITY BCH. FL 32413 US			Mailing Address 300 CAIN RD. PANAMA CITY BEACH FL 32413		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GRECO, HUGH 300 CAIN RD PANAMA CITY BCH. FL 32413				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	PD GRECO, HUGH 304 CAIN RD PANAMA CITY BCH. FL 32413	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FARRELL, MIKE 303 CAIN RD PANAMA CITY BEACH FL 32413	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOSTER, O'MALLEY 101 UNIT D CAIN RD PANAMA CITY BEACH FL 32413	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOWEN, TOBBIE 302 CAIN RD PANAMA CITY BEACH FL 32413	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CONNIE 705 GULFVIEW DR PANAMA CITY BEACH FL 32413	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bowden, Roger 152 Cain Rd Panama City Bch, FL 32413	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jones, Connie 705 GULFVIEW DR PANAMA CITY Bch, FL 32413	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOWEN, TOBBIE 302 CAIN RD PANAMA CITY BEACH FL 32413	☐ Delete			
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: <u>Tobbie Bowen</u> <u>TD</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>4/26/05</u> Daytime Phone # <u>850-235-0423</u>					