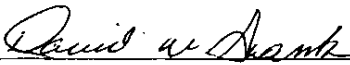
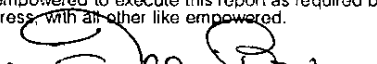


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90059 030 ****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 - No P.O. Box # SAME		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 59-2884891	
Zip 		Country 		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARRELL, MIKE 303 CAIN RD PANAMA CITY BEACH FL 32413				7. Name and Address of New Registered Agent Name David SWANK Street Address (P.O. Box Number is Not Acceptable) 143 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 David SWANK  DATE 4-24-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 FARRELL, MIKE 303 CAIN RD PANAMA CITY BEACH FL 32413	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD David SWANK 143 CAIN RD PANAMA CITY BCH, FL 32413	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JONES, CONNIE 705 GULFVIEW DRIVE PANAMA CITY BEACH FL 32413	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 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	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOWDEN, RODGER 152 CAIN ROAD PANAMA CITY BEACH FL 32413	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Bowden, Rodger 152 CAIN Rd PANAMA CITY BCH, FL 32413	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TALBOT, FRANK 201 CAIN RD PANAMA CITY BCH, FL 32413	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TALBOT, FRANK 201 CAIN Rd 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 exemptions contained in Section 119, 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 			4-24-07 238-1983		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certificate Phone #					