2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N10021

Entity Name: PIRATES COVE INLET MASTER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

300 CAIN RD.
PANAMA CITY BCH., FL 32413 US

New Principal Place of Business:

Current Mailing Address:

300 CAIN RD.
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 59-2884891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWANK, DAVID
143 CAIN RD
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SWANK, DAVID
Address: 143 CAIN RD
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D ( ) Delete
Name: JONES, CONNIE
Address: 705 GULFVIEW DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: TD ( ) Delete
Name: BOWEN, TOBBIE
Address: 302 CAIN RD
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VP ( ) Delete
Name: TALBOT, FRANK
Address: 201 CAIN RD
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: SD ( ) Delete
Name: LEDFORD, CHARLES
Address: 101 CAIN RD
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOBBIE BOWEN TRES 04/26/2009
Electronic Signature of Signing Officer or Director Date