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95 APR 28 PM 6:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16736 (3)

1. Corporation Name
PIRATE COVE ASSOCIATION, INC.

Principal Place of Business Mailing Address
23001 WEST HIGHWAY 96 PANAMA CITY BCH. FL 32413 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/10/1986** 3a. Date of Last Report **05/01/1994**
4. FEI Number **74-2450515** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MARGULES, JOEL
748 AIRPORT ROAD
PANAMA CITY BCH. FL 32405**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FOX, DEE
STREET ADDRESS	23001 FRONT BEACH RD.
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413
TITLE	STD
NAME	GILREATH, MARY
STREET ADDRESS	527 VALLEY RD.
CITY-ST-ZIP	BIRMINGHAM AL 35208
TITLE	PD
NAME	PRYOR, WILLIAM
STREET ADDRESS	30615 HUNTERS LANE
CITY-ST-ZIP	FARMINGTON HILL MI
TITLE	D
NAME	DURR, VIRGINIA
STREET ADDRESS	P. O. BOX 614
CITY-ST-ZIP	SUNNY SIDE FL
TITLE	D
NAME	TINKLER, JERRIE
STREET ADDRESS	426 CUMBERLAND RD.
CITY-ST-ZIP	COLUMBUS GA
TITLE	D
NAME	HOLT, BUCK
STREET ADDRESS	133 SUNSET DR.
CITY-ST-ZIP	PULASKI TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President - P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pryor, William
1.3 STREET ADDRESS	23001 Front Beach Rd # 109
1.4 CITY-ST-ZIP	Panama City Beach, FL 32413
2.1 TITLE	Vice President - V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hugh Murphy, Hugh
2.3 STREET ADDRESS	204 Woodlawn Dr.
2.4 CITY-ST-ZIP	Panama City, FL 32409
3.1 TITLE	Sec/Treasurer T/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Weiss, Donna
3.3 STREET ADDRESS	215th Sunset Ave.
3.4 CITY-ST-ZIP	Panama City Beach, FL 32413
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FOX, DEE Durr, Virginia
4.3 STREET ADDRESS	23001 Front Beach Road
4.4 CITY-ST-ZIP	Panama City Beach, FL 32413
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	23001 Front Beach Rd
5.3 STREET ADDRESS	Panama City Beach, FL 32413
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sanders, Betty
6.3 STREET ADDRESS	P.O. Box 207 - 5135 Hicks Edgen Rd.
6.4 CITY-ST-ZIP	Pleasant View, TN 37144

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donna Weiss* 4-1-95 904235-1928
DATE: _____ (Signature 13 only)