

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 15 1996 8:00 am
Secretary of State

DOCUMENT # **N 16736**
1. Corporation Name

Pirate Cove Association, Inc.

Principal Place of Business: **23001 Front Beach Road, Panama City Beach, FL 32413**
Mailing Address: **P.O. Box 274, Sunnyside, FL 32461**

2. Principal Place of Business: **23001 Front Beach Rd, Panama City Beach, FL 32413**
2a. Mailing Address: **P.O. Box 274, Sunnyside, FL 32461**
23. City & State: **Panama City Beach, FL**
28. City & State: **Sunnyside, FL**
24. Zip: **32413**, 25. Country: **USA**
29. Zip: **32461**, 30. Country: **USA**

3. Date Incorporated or Qualified: **September 19, 1986**
3a. Date of Last Report: **May 1995**
4. FEI Number: **74 2450515**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **Hugh Murphy, 204 Woodlawn Dr., Panama City, FL 32407**
10. Name and Address of New Registered Agent: **Hugh Murphy, 204 Woodlawn Dr., Panama City, FL 32407**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: **Hugh Murphy** (Signature) / **HUGH MURPHY, President** (Printed Name) **7-8-96** (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: President <input type="checkbox"/> DELETE	NAME: Hugh Murphy	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 204 Woodlawn	CITY-ST-ZIP: Panama City, FL 32407	1.2 NAME:	
TITLE: Vice President <input type="checkbox"/> DELETE	NAME: William Pryor	1.3 STREET ADDRESS:	
STREET ADDRESS: 23001 Front Beach Rd	CITY-ST-ZIP: Panama City Beach, FL 32413	1.4 CITY-ST-ZIP:	
TITLE: Secretary <input type="checkbox"/> DELETE	NAME: Betsy Hill	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 23001 Front Beach Rd.	CITY-ST-ZIP: Panama City Beach, FL 32413	2.2 NAME:	
TITLE: Treasurer <input type="checkbox"/> DELETE	NAME: Betty Sanders	2.3 STREET ADDRESS:	
STREET ADDRESS: 5135 Hicks Edgen Rd	CITY-ST-ZIP: Panama City Beach, FL 32413	2.4 CITY-ST-ZIP:	
TITLE: Vice-Treasurer <input type="checkbox"/> DELETE	NAME: Donna Weise	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 21504 Sunset Ave.	CITY-ST-ZIP: Panama City Beach, FL 32413	3.2 NAME:	
TITLE: Board Member <input type="checkbox"/> DELETE	NAME: David Monroe	3.3 STREET ADDRESS:	
STREET ADDRESS: 23001 Front Beach Rd.	CITY-ST-ZIP: Panama City Beach, FL 32413	3.4 CITY-ST-ZIP:	
		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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 119.07(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 Weise** (Signature) / **Donna Weise** (Printed Name) **6-19-96** (Date) **(904)235-1828** (Phone Number)

CR2E037 (12/95)