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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16736 (3)
1. Corporation Name
PIRATE COVE ASSOCIATION, INC.



Principal Place of Business 23001 FRONT BEACH RD PANAMA CITY BCH. FL 32413 US	Mailing Address P.O. BOX 274 SUNNYSIDE FL 32461
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3. Date Incorporated or Qualified 09/10/1986	
4. FEI Number 74-2450515	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PRYOR, WILLIAM
23001 FRONT BEACH RD
PANAMA CITY BEACH FL 32413**

10. Name and Address of New Registered Agent

81 Name Mitch Gavrilash	
82 Street Address (P.O. Box Number is Not Acceptable) 23001 Front Beach Rd	
83	
84 City Panama City Beach FL	85 Zip Code 32413

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 *Mitch Gavrilash* **MITCH GAVRILASH, VICE PRESIDENT** DATE **04.24.98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MURPHY, HUGH	
STREET ADDRESS 204 WOODLAWN	
CITY-ST-ZIP PANAMA CITY FL 32407	
TITLE PVPD	<input checked="" type="checkbox"/> DELETE
NAME PRYOR, WILLIAM	
STREET ADDRESS 23001 FRONT BEACH RD	
CITY-ST-ZIP PANAMA CITY BEACH FL 32413	
TITLE SD	<input type="checkbox"/> DELETE
NAME HILL, BETSY	
STREET ADDRESS 23001 FRONT BEACH RD	
CITY-ST-ZIP PANAMA CITY BEACH FL 32413	
TITLE TD	<input type="checkbox"/> DELETE
NAME SANDERS, BETTY W	
STREET ADDRESS 5135 HICKS EDGEN RD	
CITY-ST-ZIP PLEASANT VIEW TN 37148	
TITLE BMD	<input type="checkbox"/> DELETE
NAME MONROE, DAVID	
STREET ADDRESS 23001 FRONT BEACH RD	
CITY-ST-ZIP PANAMA CITY BEACH FL 32413	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME CARL Price	
1.3 STREET ADDRESS 2842 Dover Rd. NW	
1.4 CITY-ST-ZIP Atlanta, Ga. 30327	
2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MITCH GAVRILASH	
2.3 STREET ADDRESS 23001 Front Beach Rd	
2.4 CITY-ST-ZIP Panama City Beach, FL 32413	
3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Hill, Betsy	
3.3 STREET ADDRESS 23001 Front Beach Rd	
3.4 CITY-ST-ZIP Panama City Beach, FL 32413	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Fox, Dec	
4.3 STREET ADDRESS 23001 Front Beach Rd.	
4.4 CITY-ST-ZIP Panama City Beach, FL 32413	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME monroe, David	
5.3 STREET ADDRESS 23001 Front Beach Rd	
5.4 CITY-ST-ZIP Panama City Beach, FL 32413	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Parkman, Brenda	
6.3 STREET ADDRESS 297 Ray Thorington Rd.	
6.4 CITY-ST-ZIP Pike Road, AL 36064	

14. 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 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: *Betty W Sanders* | **Betty W. Sanders** 420-98 850-233-2022

CR2E037 (10/97)

13. Additions/changes to Offices & Directors in 12

7.1 Title D

7.2 NAME Tinkler, Jessie

7.3 Street Address 426 Cumberland Road

7.4 City-St-Zip Columbus, Ga. 31904