

FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90097 021 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N16736

1. Corporation Name
PIRATE COVE ASSOCIATION, INC.

556954 - 90097 - 21

Principal Place of Business
 23001 FRONT BEACH RD
 PANAMA CITY BCH. FL 32413
 US

Mailing Address
 P.O. BOX 274
 SUNNYSIDE FL 32461



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/10/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		74-2450515	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24		29		Country	
25		30		Country	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

GAVRILASH, MITCH
 23001 FRONT BEACH RD
 PANAMA CITY BEACH FL 32413

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 DATE 5-21-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, CARL	1.2 NAME	
STREET ADDRESS	2842 DOVER ROAD, NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30327	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVRILASH, MITCH	2.2 NAME	
STREET ADDRESS	23001 FRONT BEACH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, BETSY	3.2 NAME	S Weise, Donna
STREET ADDRESS	23001 FRONT BEACH RD	3.3 STREET ADDRESS	23001 Front Beach Rd
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	3.4 CITY-ST-ZIP	Panama City Beach, FL 32413
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, BETTY W	4.2 NAME	
STREET ADDRESS	5135 HICKS EDGEN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLEASANT VIEW TN 37146	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, DAVID	5.2 NAME	
STREET ADDRESS	23001 FRONT BEACH RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, DEE	6.2 NAME	
STREET ADDRESS	23001 FRONT BEACH ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: Betty Sanders **REQUIRED** DATE: 5-21-99 DAYTIME PHONE #: 615-746-3500

CR2E037 (11/98)