


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90034 017 \*\*\*\*61.25

**DOCUMENT # N16736**  
1. Entity Name  
**PIRATE COVE ASSOCIATION, INC.**



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

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**VILLA 105**

City & State City & State  
**MOORE CR2E037 (11/03)**

4. FEI Number 74-2450515 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FOX, DEE**  
23001 FRONT BEACH RD  
PANAMA CITY BCH. FL 32413

7. Name and Address of New Registered Agent  
Name **BOB FOX - VILLA 105**  
Street Address (P.O. Box Number is Not Acceptable) **23001 FRONT BEACH ROAD**  
City **PANAMA CITY BEACH FL** Zip Code **32413**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bob Fox **BOB FOX TREASURER** 020404  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, BETTY	
STREET ADDRESS	2565 SEVEN ACRES RD	
CITY-ST-ZIP	PLEASANT VIEW TN 37416	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PARKMAN, BRENDA	
STREET ADDRESS	297 RAY THORINGTON RD	
CITY-ST-ZIP	PIKE ROAD AL 35064	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GILREATH, MARY	
STREET ADDRESS	PO BOX 115	
CITY-ST-ZIP	CROPWELL AL 35054	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FOX, DEE	
STREET ADDRESS	23001 FRONT BEACH RD	
CITY-ST-ZIP	PANAMA CITY BCH. FL 32413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, ROB	
STREET ADDRESS	1258 CONCORD RD	
CITY-ST-ZIP	SMYRNA GA 30080-4381	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J.L. HOWELL	
STREET ADDRESS	6750 STILLMEADOW DRIVE	
CITY-ST-ZIP	CUMMING, GA 30040	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, ROB	
STREET ADDRESS	1258 CONCORD RD	
CITY-ST-ZIP	SMYRNA, GA 30080-4381	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB FOX - VILLA 105	
STREET ADDRESS	23001 FRONT BEACH RD	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUANE COKING-VILLA 114	
STREET ADDRESS	23001 FRON BEACH RD	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bob Fox **BOB FOX** 020404 850-735-3589  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #