


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 08:00 AM
Secretary of State

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

Principal Place of Business 23001 FRONT BEACH RD PANAMA CITY BCH. FL 32413 US	Mailing Address 23001 FRONT BEACH RD VILLA 105 PANAMA CITY BCH. FL 32413 US
---	---



1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 74-2450515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
FOX, BOB 23001 FRONT BEACH RD VILLA 105 PANAMA CITY BCH. FL 32413

7. Name and Address of New Registered Agent
Name
Street Address (P O. Box Number is Not Acceptable)
City
FL Zip Code

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 (TD) Bob Fox DATE 020405
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, 2005**

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 NAME	PD HOWELL, J.L. <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	6750 STILLMEADOW DRIVE CUMMING GA 30040
TITLE NAME	VD NICHOLS, ROB <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	1258 CONCORD RD SMYRNA GA 30080-4381
TITLE NAME	SD GILREATH, MARY <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	PO BOX 115 CROPWELL AL 35054
TITLE NAME	TD FOX, BOB <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	23001 FRONT BEACH RD VILLA 105 PANAMA CITY BCH. FL 32413
TITLE NAME	D COKING, DUANE <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	23001 FRON BEACH RD VILLA 114 PANAMA CITY BEACH FL 32413
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	U00000219963 02/08/05-80048-012 61.25
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 DATE 020405 Daytime Phone # 850-235-3589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #