

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N37252 (6)

1. Corporation Name

PIRATES COVE INLET CONDOMINIUM III, INC.



Principal Place of Business

Mailing Address

C/O FRANKLIN W. BRIGGS  
300 CAIN ROAD-U  
PANAMA CITY FL 32413

101 CAIN ROAD - U  
300 CAIN ROAD-U  
PANAMA CITY FL 32413  
US

3. Date Incorporated or Qualified  
03/20/1990

3a. Date of Last Report  
08/25/1995

4. FEI Number

59-3136207

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, ETTA  
101 CAIN ROAD  
101 S CAIN RD.  
PANAMA CITY BEACH FL 32413

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME ROBERTS, ETTA  
STREET ADDRESS 376 DENNIS SMITH ROAD  
CITY-ST-ZIP PINE MOUNTAIN GA 31822

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME SCHMERTMANN, GLORIA  
STREET ADDRESS 1565 BLOCKFORD COURTE  
CITY-ST-ZIP TALLAHASSEE FL 32311

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME CHUCK, LEDFORD  
STREET ADDRESS 4094 RUSSIAN RIVER DR  
CITY-ST-ZIP COLLEGE PARK GA 30349

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

23 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

25 NAME ☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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4-16 JR

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-96

404 964 6061

Date

Daytime Phone #

CR2E037 (12/95)