

# 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 # N06922 (1)**

1. Corporation Name

**PIRATES BAY TOWNHOMES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5400-16 WATER OAK LANE  
SUITE 1. 5411 ORTEGA BLVD.  
JACKSONVILLE FL 32210  
US

5400-16 WATER OAK LANE  
SUITE 1. 5411 ORTEGA BLVD.  
JACKSONVILLE FL 32210  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/31/1984</b>		3a. Date of Last Report <b>02/06/1995</b>	
21 <b>5400-16 Water Oak Ln</b> Suite, Apt. #, etc.		26 <b>5400-16 Water Oak Ln</b> Suite, Apt. #, etc.		4. FEI Number <b>59-2599157</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 <b>Jacksonville, FL</b>		28 <b>Jacksonville, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 <b>32210</b>		25 <b>32210</b>		29 <b>32210</b>		30 <b>32210</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**GAILLARD, JOHN F.**  
**SUITE 1**  
**5411 ORTEGA BLVD.**  
**JACKSONVILLE FL 32210**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

## OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BURGSTINER, ELISE K</b>	
STREET ADDRESS	<b>5400-202 WATER OAK LN.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>VGM</b>	<input type="checkbox"/> DELETE
NAME	<b>FREEMAN, ROLAND S</b>	
STREET ADDRESS	<b>4521 4 SUSSEX AVE.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WATSON, GERALDINE P</b>	
STREET ADDRESS	<b>5400-105 WATER OAK LN.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>WELLINGTON, C WILLIAM</b>	
STREET ADDRESS	<b>5400-104 WATER OAK LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Kinner, Manuela</b>
1.3 STREET ADDRESS	<b>5400-301 Water Oak Lane</b>
1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32210</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Wellington, C William</b>
4.3 STREET ADDRESS	<b>5400-104 Water Oak Lane</b>
4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32210</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address.

SIGNATURE:

*Roland S. Freeman*  
**Roland S. Freeman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

(904) 771-7246

Date

Daytime Phone #

CR2E037 (12/95)