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Jan 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32413-1015
US

3. Date Incorporated or Qualified
03/20/1990

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 101 CAIN ROAD

26 101 CAIN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT U

27 UNIT "U"

City & State

City & State

23 PANAMA CITY BEACH, FL.

28 PANAMA CITY BEACH, FL.

Zip

Country

Zip

Country

24 32413

25 USA

29 32413

30 BAY

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, ETNA
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 CHARLES E. LEDFORD (CHUCK)

(NOTE: Registered Agent signature required when registering)

DATE

1-26-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ROBERTS, ETNA
STREET ADDRESS 376 DENNIS SMITH ROAD
CITY - ST - ZIP PINE MOUNTAIN CA 31822

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-97

Date

Daytime Phone #00000000

770-964-6061

CR2E037 (9/96)