


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

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90067 020 \*\*\*\*61.25

<b>DOCUMENT # N06922</b>	
<b>1. Entity Name</b> PIRATES BAY TOWNHOMES ASSOCIATION, INC.	

<b>Principal Place of Business</b> 5400-16 WATER OAK LN JACKSONVILLE FL 32210 US	<b>Mailing Address</b> 5400-16 WATER OAK LANE JACKSONVILLE FL 32210 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 59-2599157	Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  GAILLARD, JOHN F. 4738 AVON LANE JACKSONVILLE FL 32210
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<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> Added to Fees	<b>Make Check Payable to</b> Florida Department of State
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> CORBO, EDWARD A	
<b>STREET ADDRESS</b> 4521 5 SUSSEX AVE	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32210	
<b>TITLE</b> SD	<input type="checkbox"/> Delete
<b>NAME</b> KINNER, MANUELA	
<b>STREET ADDRESS</b> 5400-301 WATER OAK LANE	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32210	
<b>TITLE</b> VD	<input type="checkbox"/> Delete
<b>NAME</b> SKERL, CARL	
<b>STREET ADDRESS</b> 5400-205 WATER OAK LANE	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32210	
<b>TITLE</b> PRESIDENT	<input type="checkbox"/> Delete
<b>NAME</b> WILLIAM WOOD	
<b>STREET ADDRESS</b> 5400-206 WATER OAK LANE	
<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32210	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**  **MANUELA KINNER** **2-21-04** **904-389-3512**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #