2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# N06922

Entity Name: PIRATES BAY TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

5400-16 WATER OAK LN
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

5400-16 WATER OAK LANE
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-2599157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GAILLARD, JOHN F.
4738 AVON LANE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CORBO, EDWARD A
Address: 4521 5 SUSSEX AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: T ( ) Delete
Name: KINNER, MANUELA
Address: 5400-301 WATER OAK LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VD ( ) Delete
Name: SKERL, CARL
Address: 5400-206 WATER OAK LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: P ( ) Delete
Name: WOOD, WILLIAM
Address: 5400-206 WATER OAK LANE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WATSON, GERRY
Address: 5400 WATER OAK LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MORGAN, BARBARA
Address: 2546 SUSSEX AVE.
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUELA KINNER T 06/30/2005

Electronic Signature of Signing Officer or Director — Date