

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N06922

1. Entity Name

PIRATES BAY TOWNHOMES ASSOCIATION, INC.



Principal Place of Business

5400-16 WATER OAK LN
JACKSONVILLE FL 32210
US

Mailing Address

5400-16 WATER OAK LANE
JACKSONVILLE FL 32210
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2599157

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAILLARD, JOHN F.
4738 AVON LANE
JACKSONVILLE FL 32210

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME: KINNER, MANUELA
STREET ADDRESS: 5400-301 WATER OAK LANE
CITY-STATE-ZIP: JACKSONVILLE FL 32210

P ☐ Delete
NAME: MORGAN, BARBARA
STREET ADDRESS: 4531-6 SUSSEX AVE
CITY-STATE-ZIP: JACKSONVILLE FL 32210

S ☐ Delete
NAME: DUNHAM, KATHRYN
STREET ADDRESS: 4521-5 SUSSEX AVE
CITY-STATE-ZIP: JACKSONVILLE FL 32210

☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: 000000610935
02/02/07-80040-024 61.25

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

M.B. Kinner

M.B. KINNER

1-21-07 904/772-9052