

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90061 007 \*\*\*\*61.25

**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

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

☐ CHECK HERE IF MAKING CHANGES



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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **CORBO, EDWARD A**  
STREET ADDRESS **4521 5 SUSSEX AVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VGM** ☒ Delete  
NAME **FREEMAN, ROLAND S**  
STREET ADDRESS **4521 4 SUSSEX AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ Delete  
NAME **KINNER, MANUELA**  
STREET ADDRESS **5400-301 WATER OAK LANE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☒ Delete  
NAME **HOWELL, MARSHALL F JR.**  
STREET ADDRESS **10-10TH ST. UNIT 68K**  
CITY-ST-ZIP **ATLANTIC BHC FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition  
NAME **CARL SKERL**  
STREET ADDRESS **5400-205 WATER OAK LN**  
CITY-ST-ZIP **JAX, FL 32210**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**2003 REQUIRED**

1-11-03

904/389-3512

CR2E037 (10/02)