

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

1/

01-31-2003 90379 025 \*\*\*\*61.25

**DOCUMENT # N37252**

1. Entity Name

**PIRATES COVE INLET CONDOMINIUM III, INC.**



Principal Place of Business

Mailing Address

**101 CAIN ROAD  
UNIT U  
PANAMA CITY BEACH FL 32413  
US**

**101 CAIN ROAD  
UNIT U  
PANAMA CITY BEACH FL 32413  
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 **59-3136207**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEDFOORD, CHARLES E  
101 CAIN ROAD #G  
PANAMA CITY BEACH FL 32413**

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 CHUCK LEDFORD, TREAS.

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

(NOTE: Registered Agent signature required when resigning)

DATE

1-21-03

**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 **D** ☒ Delete  
NAME **BOWEN, MIKE**  
STREET ADDRESS **P.O. BOX 4750**  
CITY-ST-ZIP **PANAMA CITY FL 32401-8750**

TITLE **D** ☐ Delete  
NAME **JONES, GARRY**  
STREET ADDRESS **705 GULFVIEW DR**  
CITY-ST-ZIP **PANAMA CITY FL 32413**

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

TITLE **D** ☐ Delete  
NAME **EDWARD NAVE**  
STREET ADDRESS **522 BOSTLEY ROAD**  
CITY-ST-ZIP **LARRANGE, GA 30241**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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  
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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: CHUCK LEDFORD, TREAS.

Signature and typed or printed name of signing officer or director

1/21/03

4046691450

Date

Daytime Phone #

CR2E037 (10/02)