

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755435

**Entity Name:** PIRATE'S COVE CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

449 CENTRAL AVE  
SUITE 105  
ST PETERSBURG, FL 33571

**Current Mailing Address:**

449 CENTRAL AVE  
SUITE 105  
ST PETERSBURG, FL 33571 US

**FEI Number:** 59-2140319

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VESTA PROPERTY SERVICES, INC..  
449 CENTRAL AVE  
SUITE 105  
ST PETERSBURG, FL 33571 US

*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:** DAVID PICKETT

04/19/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRAMM, SHELLY  
Address        449 CENTRAL AVE  
                 SUITE 105  
City-State-Zip: ST PETERSBURG FL 33571

Title            TREASURER  
Name            CASH, SALLY  
Address        449 CENTRAL AVE  
                 SUITE 105  
City-State-Zip: ST PETERSBURG FL 33571

Title            DIRECTOR  
Name            ALBERTS, MICHAEL  
Address        449 CENTRAL AVE  
                 SUITE 105  
City-State-Zip: ST PETERSBURG FL 33571

Title            VP  
Name            GOBLIN, KAREN  
Address        449 CENTRAL AVE  
                 SUITE 105  
City-State-Zip: ST PETERSBURG FL 33571

Title            SECRETARY  
Name            CHAMPION, DAVID  
Address        449 CENTRAL AVE  
                 SUITE 105  
City-State-Zip: ST PETERSBURG FL 33571

Title            DIRECTOR  
Name            MEMET, JIM  
Address        449 CENTRAL AVE  
                 SUITE 105  
City-State-Zip: ST PETERSBURG FL 33571

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHELLY BRAMM

**PRESIDENT**

04/19/2017

Electronic Signature of Signing Officer/Director Detail

Date