

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04342

Entity Name: PIRATES' BAY COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**214 MIRACLE STRIP PKWY SW
A112
FORT WALTON BEACH, FL 32548**Current Mailing Address:**PO BOX BOX 5531
FORT WALTON BEACH, FL 32549 US**FEI Number:** 59-2777158**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GERCAK, KAREN L
214 MIRACLE STRIP PKWY SW
A112
FORT WALTON BEACH, FL 32548 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:** KAREN L. GERCAK

01/12/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	HOMERICH, DANIEL
Address	PO BOX BOX 5531
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	SECRETARY
Name	ADCOCK, HARRY
Address	PO BOX BOX 5531
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	TREASURER
Name	LAWHORN , JERRY
Address	PO BOX BOX 5531
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	PRESIDENT
Name	SUGGS, BRIAN
Address	PO BOX BOX 5531
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	DIRECTOR
Name	LAWHORN, BERRY
Address	PO BOX BOX 5531
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	ASST. SECRETARY
Name	GERCAK, KAREN L
Address	PO BOX BOX 5531
City-State-Zip:	FORT WALTON BEACH FL 32549

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: KAREN L. GERCAK

ASST SECRETARY

01/12/2018

Electronic Signature of Signing Officer/Director Detail

Date