

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **758779** (3)
1. Corporation Name
PIRATE HARBOR HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

**24313 HENRY MORGAN BLVD
PUNTA GORDA FL 33955
US**

Mailing Address

**24313 HENRY MORGAN BLVD
PUNTA GORDA FL 33955
US**

3. Date Incorporated or Qualified
06/16/1981

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21 24367 Treasure Island Blvd.
Suite, Apt. #, etc.

26 24367 Treasure Island Blvd.
Suite, Apt. #, etc.

4. FEI Number
59-2145671

Applied For
Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Punta Gorda, FL

28 Punta Gorda, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 33955 **25 US**

29 33955 **30 US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, HOUSTON R
24313 HENRY MORGAN BLVD
PUNTA GORDA FL 33955**

81 Name Travers, Larry
82 Street Address (P.O. Box Number is Not Acceptable)
24367 Treasure Island Blvd.
83
84 City Punta Gorda FL **85 Zip Code 33955**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Larry Travers Vice President**
Signature, typed or printed name of registered agent and title if applicable

Larry Travers
(NOTE: Registered Agent signature required when re-registering)

February 1, 1996
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	WHITE, HOUSTON R	24313 HENRY MORGAN BLVD	PUNTA GORDA, FL 00000	<input type="checkbox"/>
VP	SANDERS, H. K	24351 CAPTAIN KIDD BLVD	PUNTA GORDA FL	<input checked="" type="checkbox"/>
S	GLATT, ALICE	24259 YACHT CLUB BLVD	PUNTA GORDA FL	<input type="checkbox"/>
T	EYER, PHYLLIS	24272 CAPTAIN KIDD BLVD	PUNTA GORDA FL	<input checked="" type="checkbox"/>
D	DODD, BERT	24297 TREASURE ISLAND BLVD	PUNTA GORDA FL	<input checked="" type="checkbox"/>
D	EYER, RICHARD	24272 CAPTAIN KIDD BLVD	PUNTA GORDA FL	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Larry Travers* **Larry Travers**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 (941) 575-2462

Date Daytime Phone #

CR2E037 (12/95)