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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
24367 TREASURE ISLAND BLVD
PUNTA GORDA FL 33955
US

3. Date Incorporated or Qualified 06/16/1981
3a. Date of Last Report 02/07/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 3941 TAMiami TRAIL
22 City & State 27 UNIT 3157 SUITE 78
23 City & State 28 PUNTA GORDA FL
24 Zip 25 Country 29 33950 30 US

4. FEI Number 59-2145671
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LAVERS, LARRY
24367 TREASURE ISLAND BLVD
PUNTA GORDA FL 33955

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 W Travers* DATE 2/26/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WHITE, HOUSTON R	
STREET ADDRESS	24313 HENRY MORGAN BLVD	
CITY - ST - ZIP	PUNTA GORDA, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TRAVERS, LARRY	
STREET ADDRESS	24367 TREASURE ISLAND BLVD	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GLATT, ALICE	
STREET ADDRESS	24259 YACHT CLUB BLVD	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOBBS, JO ANN	
STREET ADDRESS	24323 PIRATE HARBOR BLVD	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAUNDERS, KAY	
STREET ADDRESS	24351 CAPTAIN KIDD BLVD	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARYLAK, JOHN	
STREET ADDRESS	24282 CAPTAIN KIDD BLVD	
CITY - ST - ZIP	PUNTA GORDA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TRAVERS, LARRY	
1.3 STREET ADDRESS	24367 TREASURE ISLAND BLVD	
1.4 CITY - ST - ZIP	PUNTA GORDA FL 33955	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PARYLAK, JOHN	
2.3 STREET ADDRESS	24282 CAPTAIN KIDD BLVD	
2.4 CITY - ST - ZIP	PUNTA GORDA FL 33955	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WILLIAM WEISSPENNING	
6.3 STREET ADDRESS	24180 BLACKBEARD BLVD	
6.4 CITY - ST - ZIP	PUNTA GORDA FL 33955	

14. I do 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 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 W Travers* DATE 2/26/97 (941) 575-0245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)