

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758779 (3)
 1. Corporation Name
PIRATE HARBOR HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 24367 TREASURE ISLAND BLVD PUNTA GORDA FL 33955 US	Mailing Address 3941 TAMiami TRAIL UNIT 3157 STE 78 PUNTA GORDA FL 33950 US
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3. Date Incorporated or Qualified 06/16/1981		
4. FEI Number 59-2145671	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

LAYERS, LARRY
24367 TREASURE ISLAND BLVD
PUNTA GORDA FL 33955

10. Name and Address of New Registered Agent

81 Name TRAYERS LARRY (Correct 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRAYERS, LARRY		1.2 NAME	
STREET ADDRESS 24367 TREASURE ISLAND BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP PUNTA GORDA FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARYLAK, JOHN		2.2 NAME	
STREET ADDRESS 24282 CAPTAIN KIDD BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP PUNTA GORDA FL		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GLATT, ALICE		3.2 NAME	
STREET ADDRESS 24259 YACHT CLUB BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP PUNTA GORDA FL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOBBS, JO ANN		4.2 NAME	
STREET ADDRESS 24323 PIRATE HARBOR BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP PUNTA GORDA FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAUNDERS, KAY		5.2 NAME JOHNSON LILITH	
STREET ADDRESS 24351 CAPTAIN KIDD BLVD		5.3 STREET ADDRESS 24233 PIRATE HARBOR BLVD	
CITY-ST-ZIP PUNTA GORDA FL		5.4 CITY-ST-ZIP PUNTA GORDA FL 33955	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEISSPFENNING, WILLIAM		6.2 NAME WEISSPFENNING WALTER	
STREET ADDRESS 24180 BLACKBOARD BLVD.		6.3 STREET ADDRESS 24180 BLACKBOARD BLVD	
CITY-ST-ZIP PUNTA GORDA FL		6.4 CITY-ST-ZIP PUNTA GORDA FL 33955	

14. 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 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: _____ Date: **2/11/98** Daytime Phone #: **(941) 575-0245**

CFR2037 (10/97)

ADDENDUM

D

DYER JOHN

24243 HENRY MORGAN BLVD

PUNTA GORDA FL 33955