


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 758779</b> 1. Corporation Name <b>PIRATE HARBOR HOMEOWNER'S ASSOCIATION, INC.</b>		

FILED  
 99 MAR 24 AM 11: 53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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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2. Principal Place of Business 21 <b>24243 Henry Morgan</b> Suite, Apt. #, etc. 22 <b>PUNTA GORDA FL 33955</b> City & State	2a. Mailing Address 27 City & State	3. Date Incorporated or Qualified <b>06/16/1981</b>	4. FEI Number <b>59-2145671</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24 Zip Country	29 Zip Country	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**TRAVERS, LARRY**  
 24367 TREASURE ISLAND BLVD  
 PUNTA GORDA FL 33955

10. Name and Address of New Registered Agent

81 Name **Dyer, John C**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**24243 HENRY MORGAN**  
**PUNTA GORDA FL 33955**  
 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 **John C Dyer John C Dyer** DATE **3/22/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>TRAVERS, LARRY</b>	
STREET ADDRESS	<b>24367 TREASURE ISLAND BLVD.</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>PARYLAK, JOHN</b>	
STREET ADDRESS	<b>24282 CAPTAIN KIDD BLVD.</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GLATT, ALICE</b>	
STREET ADDRESS	<b>24259 YACHT CLUB BLVD</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HOBBS, JO ANN</b>	
STREET ADDRESS	<b>24323 PIRATE HARBOR BLVD</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, LILLITH</b>	
STREET ADDRESS	<b>24233 PIRATE HARBOR BLVD</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33955</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISSPFENING, WALTER</b>	
STREET ADDRESS	<b>24180 BLACKBEARD BLVD</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33955</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>John C Dyer</b>	
1.3 STREET ADDRESS	<b>24243 HENRY MORGAN</b>	
1.4 CITY-ST-ZIP	<b>PUNTA GORDA FL 33955</b>	
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ROLAND Schindler</b>	
2.3 STREET ADDRESS	<b>24201 CAPTAIN KIDD</b>	
2.4 CITY-ST-ZIP	<b>PUNTA GORDA FL 33955</b>	
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	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>LILLITH JOHNSON</b>	
4.3 STREET ADDRESS	<b>24233 PIRATE HARBOR BLVD</b>	
4.4 CITY-ST-ZIP	<b>PUNTA GORDA FL 33955</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>JO ANN Hobbs</b>	
5.3 STREET ADDRESS	<b>24323 PIRATE HARBOR BLVD</b>	
5.4 CITY-ST-ZIP	<b>PUNTA GORDA FL 33955</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: **Lillith Johnson** **REQUIRED** **Jan - 9/2/99** **941-575-2649**

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CR2E037 (11/98)