

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90188 049 ****61.25

DOCUMENT # 763848 1. Entity Name PIRATES BAY HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4775 GODWIN AVE JACKSONVILLE, FL 32210 US		Mailing Address 4775 GODWIN AVE JACKSONVILLE, FL 32210 US	
2. Principal Place of Business - No P.O. Box # 4741 Pirates Bay DR. Suite, Apt. #, etc.		3. Mailing Address 4741 Pirates Bay DR. Suite, Apt. #, etc.	
City & State Jacksonville, FL Zip 32210-8236		City & State Jacksonville, FL Zip 32210-8236	
Country DUVAI		Country DUVAI	
4. FEI Number 59-2544559		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUY, MARVIN III 4741 PIRATES BAY DRIVE JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Guy MARVIN, III 4/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STOUDEMIRE, JOHN B 4763 GODWIN AVE JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			SP Pam M. Goodwin 4789 Godwin Ave. Jacksonville, FL 32210-8236
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHUNN, DOUGLAS D ONE INDEPENDENT DR STE 3201 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARVIN, GUY III 4741 PIRATES BAY DRIVE JACKSONVILLE, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Guy MARVIN, III 4/11/07 904 777-4253 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			