


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 763848	
1. Entity Name PIRATES BAY HOMEOWNERS ASSOCIATION, INC.	
	
Principal Place of Business 4741 PIRATES BAY DR JACKSONVILLE, FL 32210 US	Mailing Address 4741 PIRATES BAY DR JACKSONVILLE, FL 32210 US



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2544559	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUY, MARVIN III 4741 PIRATES BAY DRIVE JACKSONVILLE, FL 32210	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUNN, DOUGLAS D ONE INDEPENDENT DR STE 3201 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARVIN, GUY III 4741 PIRATES BAY DRIVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOODWIN, PAM M 4789 GODWIN AVE JACKSONVILLE, FL 322108236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, W J 4769 GODWIN AVE JACKSONVILLE, FL 322108236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000920054
05/14/08-80028-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2008 904777-4263
Date Daytime Phone #