

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763848

FILED
Apr 07, 2009
Secretary of State

Entity Name: PIRATES BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4741 PIRATES BAY DR
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

4747 PIRATES BAY DR
JACKSONVILLE, FL 32210 US

Current Mailing Address:

4741 PIRATES BAY DR
JACKSONVILLE, FL 32210 US

New Mailing Address:

4747 PIRATES BAY DR
JACKSONVILLE, FL 32210 US

FEI Number: 59-2544559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUY, MARVIN III
4741 PIRATES BAY DRIVE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

TURNER, JOE
4747 PIRATES BAY DRIVE
JACKSONVILLE, FL 32210 US

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.

SIGNATURE: JOE TURNER

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHUNN, DOUGLAS D
Address: ONE INDEPENDENT DR STE 3201
City-St-Zip: JACKSONVILLE, FL 32202

Title: PD () Delete
Name: MARVIN, GUY III
Address: 4741 PIRATES BAY DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: GOODWIN, PAM M
Address: 4789 GODWIN AVE
City-St-Zip: JACKSONVILLE, FL 322108236

Title: T () Delete
Name: RODRIGUEZ, W J
Address: 4769 GODWIN AVE
City-St-Zip: JACKSONVILLE, FL 322108236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TURNER, JOE
Address: 4747 PIRATES BAY DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Change () Addition
Name: MARVIN, GUY III
Address: 4741 PIRATES BAY DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J RODRIGUEZ

T

04/07/2009

Electronic Signature of Signing Officer or Director

Date