

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04342 (4)

1. Corporation Name

PIRATES' BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

214 MIRACLE STRIP PARKWAY
FT. WALTON BEACH FL 32548

Mailing Address

214 MIRACLE STRIP PARKWAY
FT. WALTON BEACH FL 32548



3. Date Incorporated or Qualified

07/25/1984

3a. Date of Last Report

06/29/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

CAMPBELL, DANIEL COLIN
420 EAST PINE AVE.
CRESTMW FL 32539

4. FEI Number

59-2777158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MARGOLIAS, SOLLY MAX
STREET ADDRESS 4380 GEORGETOWN SQUARE, STE. 1000
CITY-STATE-ZIP ATLANTA GA 30338

TITLE VSPD ☒ DELETE

NAME BOONE, ROBBIE
STREET ADDRESS 3010 KING BIRCH
CITY-STATE-ZIP SAN ANTONIO TX 78230

TITLE TD ☒ DELETE

NAME MACLELLAN, ROBERT
STREET ADDRESS 4 MARINA COVE DR.
CITY-STATE-ZIP NICEVILLE FL 32578

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VPD ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE PD ☐ Change ☒ Addition

42 NAME GOODMAN, ROGER
43 STREET ADDRESS 46 MAGNOLIA AVE.
44 CITY-STATE-ZIP SHALIMAR, FL 32579

51 TITLE TD ☐ Change ☒ Addition

52 NAME TURNER, CLAUDIA
53 STREET ADDRESS 1095 ARROWHEAD DR.
54 CITY-STATE-ZIP PRATTVILLE, AL 36067

61 TITLE SD ☐ Change ☒ Addition

62 NAME CARTER, THOMAS
63 STREET ADDRESS 125 VIRGINIA
64 CITY-STATE-ZIP FT. WALTON BEACH, FL 32548

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Roger W. Goodman* ROGER W GOODMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

904 664 9219

Date

Daytime Phone #

CR2E037 (12/95)