


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90096 037 \*\*\*\*61.25

<b>DOCUMENT # N04342</b> 1. Entity Name <b>PIRATES' BAY COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>214 MIRACLE STRIP PARKWAY FT. WALTON BEACH, FL 32548</b>			Mailing Address <b>P.O. BOX 5531 FORT WALTON BEACH, FL 32549</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2777158</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FOWNER, DEBBIE 222 ECHO CIRCLE FORT WALTON BEACH, FL 32548</b>			7. Name and Address of New Registered Agent Name <b>Michael Balzer</b> Street Address (P.O. Box Number is Not Acceptable) <b>12273 Emerald Coast Pkwy</b> <b>suite 110</b> City <b>Miramar Beach</b> <b>FL</b> Zip Code <b>32550</b>		
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 <u><i>m/bf</i></u> <b>Michael Balzer</b> <u><i>1/20/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REYNOLDS, MARK</b> <b>696 RANDALL ROBERTS RD</b> <b>FORT WALTON BEACH, FL 32548</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Sonya Mull</b> <b>2900 Morgan Ct #202</b> <b>Birmingham AL 35216</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DOWNING, ED</b> <b>982 PATTERSON LANE</b> <b>MERDIANVILLE, AL 35759</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RYAN, KEVIN</b> <b>475 AVERY ROAD</b> <b>CANTON, GA 30115</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Steven Shippec</b> <b>1070 Beckstrom Dr</b> <b>Orlando, FL 32765</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MULL, WILLIAM</b> <b>P.O. BOX 661</b> <b>FORT WALTON, FL 32549</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHOLES, TOMMY</b> <b>214 MIRACLE STRIP PKWY UNIT A 301</b> <b>FORT WALTON BEACH, FL 32548</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Sonya Mull</i></u> <b>Sonya Mull</b> <u><i>1/20/07</i></u> <u><i>205-382-583</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					