2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04342

Feb 14, 2008 Secretary of State

Entity Name: PIRATES' BAY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

214 MIRACLE STRIP PARKWAY FT. WALTON BEACH, FL 32548

Current Mailing Address: New Mailing Address:

P.O. BOX 5531 FORT WALTON BEACH, FL 32549

FEI Number: 59-2777158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOLZER, MICHAEL BALZER, MICHAEL 12273 EMERALD COAST PKWY

12273 EMERALD COAST PKWY MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550

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: MICHAEL BALZAR 02/14/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MULL, SONYA MULL, SONYA Name: Name: 2900 MORGAN CT # 202 Address: 2900 MORGAN CT # 202 Address: City-St-Zip: BIRMINGHAM, AL 35216 City-St-Zip: BIRMINGHAM, AL 35216

Title: () Delete Title: (X) Change () Addition DOWNING, ED Name: DOWNING, ED Name:

Address: 982 PATTERSON LANE Address: 982 PATTERSON LANE City-St-Zip: MERDIANVILLE, AL 35759 City-St-Zip: MERDIANVILLE, AL 35759

Title: () Delete Title: (X) Change () Addition SHIPPER, STEVEN SHIPPEE, STEVEN Name: Name:

1070 BECKSTROM DRIVE 1070 BECKSTROM DRIVE Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

Title: VPD () Delete Title: (X) Change () Addition

Name: SHOLES, TOMMY Name: GRUBER, ROBERT 214 MIRACLE STRIP PKWY UNIT A 301 5860 DOVNICK DR Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: LILBURN,, GA 30047

Title: () Delete Title: () Change (X) Addition

BUSBEE, BRETT Name: Name: 4583 HWY 41A NORTH Address: Address: City-St-Zip: City-St-Zip: EAGLEVILLE,, TN 37060

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: BRETT BUSBEE Ρ 02/14/2008