2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16736

FILED Mar 10, 2009 Secretary of State

Entity Name: PIRATE COVE ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 23001 FRONT BEACH RD PANAMA CITY BCH., FL 32413 US **Current Mailing Address: New Mailing Address:** 23001 FRONT BEACH RD 3324 TIMBERLAKE ROAD VILLA 101 KENNESAW, GA 30144 US PANAMA CITY BCH., FL 32413 US FEI Number: 74-2450515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WEISE, DOUG NICHOLS, SHERRI 23001 FRONT BEACH 23001 FRONT BEACH VILLA 101 VILLA 117 PANAMA CITY BCH., FL 32413 US PANAMA CITY BCH., FL 32413 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: SHERRI NICHOLS 03/10/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SANDERS, BETTY W Name: Name: 2565 SEVEN AVERS RD Address: Address: City-St-Zip: PLEASANT VIEW, TN 37416 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: HOWELL, J.L. Name: Address: 6710 SUNBRIAR DR Address: City-St-Zip: CUMMING, GA 30040 City-St-Zip: Title: () Delete Title: () Change () Addition MCDONOUGH, ELIZABETH Name: Name: 23001 FRONT BEACH RD VILLA 121 Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 32413 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: WEISE, DOUG Name: NICHOLS, SHERRI 23001 FRONT BEACH RD VILLA 101 Address: Address: 3324 TIMBERLAKE ROAD City-St-Zip: PANAMA CITY BEACH, FL 324133021 City-St-Zip: KENNESAW, GA 30144 Title: () Delete Title: () Change () Addition DURR, PAUL Name: Name: 864 KOONCE RD Address: Address: MURPHYSBORO, IL 62966 City-St-Zip: 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: SHERRI NICHOLS TD 03/10/2009