

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90146 030 \*\*\*\*61.25

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1. Corporation Name

PIRATE'S COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

15001 GASPARILLA RD.  
PLACIDA FL 33946

Mailing Address

~~2300 CORPORATE BLVD NW~~  
~~STE 221~~  
~~BOCA RATON FL 33431~~  
~~US~~



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 615 LAKEWOOD CIR WEST

27 Suite, Apt. #, etc.

28 DELRAY BEACH FL

29 33445 30 USA

3. Date Incorporated or Qualified

04/05/1993

4. FEI Number

65-0679293

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  
Added to Fees

9. Name and Address of Current Registered Agent

LEVY, LEROY  
~~2300 CORPORATE BLVD. N.W.~~  
~~STE. 221~~  
~~BOCA RATON FL 33431~~

10. Name and Address of New Registered Agent

81 Name

LEROY LEVY

82 Street Address (P.O. Box Number is Not Acceptable)

615 LAKEWOOD CIR WEST

83

84 City DELRAY BEACH

FL

85 Zip Code 33445

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

2/17/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
WISTOSKY, MICHAEL  
STREET ADDRESS 22770 ELDORADO  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME D  
PIKE, PERRY  
STREET ADDRESS 17970 OLD BAY SHORE RD  
CITY-ST-ZIP FT MYERS FL 33917

TITLE ☐ DELETE

NAME DPS  
LEVY, LEROY  
STREET ADDRESS ~~2300 CORPORATE BLVD., S 221~~  
CITY-ST-ZIP ~~BOCA RATON FL~~

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

615 LAKEWOOD CIR WEST  
DELRAY BEACH FL 33445

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)