


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90085 030 \*\*\*\*61.25

**DOCUMENT # N99000006708**

1. Entity Name  
**PIRATE HARBOR PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**24200 HENRY MORGAN BLVD  
 PUNTA GORDA, FL 33955**

Mailing Address  
**3941 TAMiami TR  
 PMB 106  
 PUNTA GORDA, FL 33950**

**50033171**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03282005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-1000040</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MCCULLOCH, DENNIS                  24200 HENRY MORGAN BLVD                  PUNTA GORDA, FL 33955</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCULLOCH, DENNIS		NAME	
STREET ADDRESS 24200 HENRY MORGAN BLVD		STREET ADDRESS	
CITY-ST-ZIP PUNTA GORDA, FL 33955		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEMUZIO, ROBERT JR		NAME DEMUSIO, ROBERT JR	(LAST NAME SPELLING CORRECTION)
STREET ADDRESS 24170 TREASURE ISLAND BLVD		STREET ADDRESS	
CITY-ST-ZIP PUNTA GORDA, FL 33955		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KERWER, GEORGE		NAME	
STREET ADDRESS 24057 JOLLY ROGER BLVD		STREET ADDRESS	
CITY-ST-ZIP PUNTA GORDA, FL 33955		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRAZIER, GALE		NAME	
STREET ADDRESS 24 190 TREASURE ISLAND BLVD		STREET ADDRESS	
CITY-ST-ZIP PUNTA GORDA, FL 33955		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HERL, GEORGE		NAME ROLLINGS, HARVEY	
STREET ADDRESS 24398 TREASURE ISLAND BLVD		STREET ADDRESS 24101 TREASURE ISLAND BLVD.	
CITY-ST-ZIP PUNTA GORDA, FL 33955		CITY-ST-ZIP PUNTA GORDA, FL 33955	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOODS, DENNIS		NAME JOHNSON, RICHARD	
STREET ADDRESS 24180 TREASURE ISLAND BLVD		STREET ADDRESS 24166 YACHT CLUB BLVD.	
CITY-ST-ZIP PUNTA GORDA, FL 33955		CITY-ST-ZIP PUNTA GORDA, FL 33955	

12. 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 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:** *Dennis McCulloch* **3/28/05** **941-505-1672**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #