

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 28, 2009  
Secretary of State**

DOCUMENT# N02000003187

Entity Name: POINT MATANZAS CONDOMINIUM GARAGE OWNERS, INC.

**Current Principal Place of Business:**

7265 A1A SOUTH -UNIT B7  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

7265 A1A SOUTH -UNIT B7  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 59-3707362      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TRAVERS, JAMES E  
7265 A1A SOUTH  
UNIT B7  
ST. AUGUSTINE, FL 32080 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KENNERLY, STEVE  
Address: 7265 A1A SOUTH UNIT A-8  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: TD ( ) Delete  
Name: TRAVERS, JAMES E  
Address: 7265 A1A SOUTH -UNIT B7  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SD ( ) Delete  
Name: RYAN, JEANNIE  
Address: 7265 A1A SOUTH -UNIT B7  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: SINGLETARY, TED  
Address: 7265A1A SOUTH UNIT B-5  
City-St-Zip: ST.AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: FRANKLIN, JEAN  
Address: 7265 A1A SOUTH UNIT B8  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: WILSON, RALPH  
Address: 7265 A1A SOUTH UNIT B2  
City-St-Zip: ST. AUGUSTINE, FL 32080

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JAMES TRAVERS

TD

03/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date