

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 4-12-96

B-3509

C

DOCUMENT # N26802 (1)

1. Corporation Name

MATANZAS SHORES OWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 352572
PALM COAST FL 32135

P O BOX 352572
PALM COAST FL 32135

3. Date Incorporated or Qualified
06/06/1988

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2944951

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, WILLIAM A. JR.
4984 PALM COAST PWY NW #7
PALM COAST FL 32137

81

Name William A. WHITE

82

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

PALM COAST PROPERTY MAT

83

294 PALM COAST PWY

84

City PALM COAST

FL

85

Zip Code 32137

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 617.0003, Florida Statutes.

SIGNATURE

William A. White

Signature typed or printed name of registered agent and the applicant.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME TUBBS, STEVEN
STREET ADDRESS EXECUTIVE OFFICES
CITY-ST-ZIP PALM COAST FL

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VD DELETE
NAME BEAM, WILLIAM G
STREET ADDRESS EXECUTIVE OFFICES
CITY-ST-ZIP PALM COAST FL

21 TITLE VPD Change Addition
22 NAME SAM BUTLER
23 STREET ADDRESS EXECUTIVE OFFICES
24 CITY-ST-ZIP PALM COAST, FL 32137

TITLE SD DELETE
NAME CLINE, SAM
STREET ADDRESS EXECUTIVE OFFICES
CITY-ST-ZIP PALM COAST FL

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE TD DELETE
NAME LEVEY, JOSE
STREET ADDRESS EXECUTIVE OFFICES
CITY-ST-ZIP PALM COAST FL

41 TITLE TD Change Addition
42 NAME LEE ARBERG
43 STREET ADDRESS EXECUTIVE
44 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Steven A. Tubbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven A. Tubbs

Date

3-19-96 904-445-5000

Daytime Phone #

CR2E037 (12/95)