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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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 32135-2572

3. Date Incorporated or Qualified 06/06/1988 3a. Date of Last Report 04/12/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2044951 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 25 29 30 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  
PALM COAST PROPERTY MGMT  
296 PALM COAST PKWY  
PALM COAST FL 32137  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	TUBBS, STEVEN	1.1 TITLE DP	NICK AMARO
NAME	EXECUTIVE OFFICES	1.2 NAME	ONE CORPORATE DR.
STREET ADDRESS	PALM COAST FL	1.3 STREET ADDRESS	PALM COAST, FL 32137
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VPD	BUTLER, SAM	2.1 TITLE	
NAME	EXECUTIVE OFFICES	2.2 NAME	
STREET ADDRESS	PALM COAST FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SD	CLINE, SAM	3.1 TITLE DST	CHARLES CALLEA
NAME	EXECUTIVE OFFICES	3.2 NAME	ONE CORPORATE DR.
STREET ADDRESS	PALM COAST FL	3.3 STREET ADDRESS	PALM COAST, FL 32137
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE TD	ARBERG, LEE	4.1 TITLE	
NAME	EXECUTIVE	4.2 NAME	
STREET ADDRESS	PALM COAST FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE 602831

CR2E037 (9/96)