

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26802

1. Entity Name

MATANZAS SHORES OWNER'S ASSOCIATION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90097 003 ****61.25

Principal Place of Business

Mailing Address

P O BOX 352572
 PALM COAST FL 32135

P O BOX 352572
 PALM COAST FL 32135-2572

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2944951

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANNON, FRED JR
PALM COAST PROPERTY MGMT
~~326 GROOVER CREEK CROSSING~~
~~ORMOND BCH FL 321741~~

ANNON JR., FRED
PALM COAST PROPERTY MANAGEMENT
7 FLORIDA PARK DRIVE N., SUITE C
PALM COAST, FL 32137

Name **ANNON JR., FRED**
 Street Address (P.O. Box Number is Not Acceptable) **PALM COAST PROPERTY MANAGEMENT**
7 FLORIDA PARK DRIVE N., SUITE C
 City **PALM COAST, FL** Zip Code **32137**

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.

SIGNATURE

4-01-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARKINS, WILLIAM F	
STREET ADDRESS	P O BOX 352572 N/A	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LUSBY, DAVID	
STREET ADDRESS	P.O. BOX 352572	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAULKNER, CHARLES R	
STREET ADDRESS	BOX 352572 N/A	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, JAMES E	
STREET ADDRESS	P.O. BOX 352572	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, GREGORY.	
STREET ADDRESS	P.O. BOX 352572	
CITY-ST-ZIP	PALM COAST, FL 32135	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALLE, KAREN	
STREET ADDRESS	P.O. BOX 352572	
CITY-ST-ZIP	PALM COAST, FL 32135	
TITLE	.VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JOHN V.	
STREET ADDRESS	P.O. Box 352572	
CITY-ST-ZIP	PALM COAST, FL 32135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-00
 446-6335
 904-

Date

Daytime Phone #

CR2E037 (9/99)