

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90019 014 ****61.25

DOCUMENT # N26802

1. Entity Name

MATANZAS SHORES OWNER'S ASSOCIATION, INC.



Principal Place of Business

P O BOX 352572
PALM COAST FL 32135

Mailing Address

P O BOX 352572
PALM COAST FL 32135

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2944951

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

ANNON, FRED, JR.
PALM COAST PROPERTY MGMT
7 FLORIDA PARK DRIVEN NORTH SUITE C
PALM COAST FL 32137

7. Name and Address of New Registered Agent

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-27-2004

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARKINS, WILLIAM F	
STREET ADDRESS	P O BOX 352572	
CITY - ST - ZIP	PALM COAST FL 32135	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	ROBINSON, GREGORY	
STREET ADDRESS	P.O. BOX 352572	
CITY - ST - ZIP	PALM COAST FL 32135	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINCAID, JUDITH	
STREET ADDRESS	P.O. BOX 352572	
CITY - ST - ZIP	PALM COAST FL 32135	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINCAID, LANNY	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harkins, William F	
STREET ADDRESS	P.O. Box 352572	
CITY - ST - ZIP	Palm Coast, FL 32135	
TITLE	DTS	<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	Kincaid, Judith	
STREET ADDRESS	P.O. Box 352572	
CITY - ST - ZIP	Palm Coast, FL 32135	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kincaid, Lanny	
STREET ADDRESS	P.O. Box 352572	
CITY - ST - ZIP	Palm Coast, FL 32135	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McMillan, Robert	
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary & Treasurer

January 30, 2004

Date

Daytime Phone #