

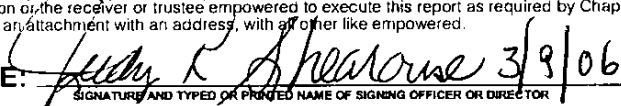


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90314 001 ****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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2944951	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANNON, FRED JR PALM COAST PROPERTY MGMT 7 FLORIDA PARK DRIVEN NORTH SUITE C PALM COAST, FL 32137			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: 			DATE: 04-11-2006		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKINS, WILLIAM F		NAME	Barber, John	
STREET ADDRESS	P O BOX 352572		STREET ADDRESS	1514 Bernita Street	
CITY-ST-ZIP	PALM COAST, FL 32135		CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	DTS	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, GREGORY		NAME	Strawn, William	
STREET ADDRESS	P.O. BOX 352572		STREET ADDRESS	60 Surfview Dr. # 612	
CITY-ST-ZIP	PALM COAST, FL 32135		CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINCAID, LANNY		NAME	Judy Shearouse	
STREET ADDRESS	P.O. BOX 352572		STREET ADDRESS	3 Bedford Drive	
CITY-ST-ZIP	PALM COAST, FL 32135		CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, ROBERT		NAME	Edmondson, Rolfe	
STREET ADDRESS	PO BOX 352572		STREET ADDRESS	21 San Rafael Court	
CITY-ST-ZIP	PALM COAST, FL 32135		CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Pike, James	
STREET ADDRESS			STREET ADDRESS	104 Surfview Drive # 1306	
CITY-ST-ZIP			CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date: 3/9/06		Daytime Phone #: 386-446-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

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