


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 A
Secretary of State

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| DOCUMENT # N26802 1. Entity Name MATANZAS SHORES OWNER'S ASSOCIATION, INC. |  |
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| Principal Place of Business P O BOX 352572 PALM COAST FL 32135 | Mailing Address P O BOX 352572 PALM COAST FL 32135 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | 1st MOORE | CR2E037 (10/07) |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number 59-2944951 | |
| City & State | City & State | Applied For Not Applicable | |
| Zip | Country | Zip | Country |

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|---|---|
| 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 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW: FEE IS \$61.25 Due By: May 1, 2008 | 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 |
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| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|----------------------------|---------------------------------|
| TITLE | PD BARBER, JOHN | |
| STREET ADDRESS | 1514 BERNITA ST | |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 | |
| TITLE | VD STRAWN, WILLIAM | <input type="checkbox"/> Delete |
| STREET ADDRESS | 60 SURFVIEW DR SUITE 612 | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | STD SHEARHOUSE, JUDY | <input type="checkbox"/> Delete |
| STREET ADDRESS | 3 BEDFORD DR | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | D EDMONDSON, ROLFE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 21 SAN RAFAEL CT | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | VPD PIKE, JAMES | <input type="checkbox"/> Delete |
| STREET ADDRESS | 104 SURFVIEW DR SUITE 1306 | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--------------------------|---------------------------------|-----------------------------------|
| TITLE | 100000881236 | | |
| NAME | 04/03/08-80001-005 61.25 | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 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 exemptions contained in Section 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: Judy K Shearouse 3/13/08 Judy Shearouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR