

N26802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

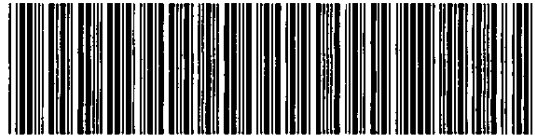
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@ 10/9/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Matanzas Shores Owners Association  
Name of Corporation

**DOCUMENT NUMBER:** N26802

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Edward Ronsman Esq.  
Name of Contact Person

Christine & Christine PA  
Firm/Company

28 Cordova St.  
Address

St. Augustine, FL 32084  
City/State and Zip Code

ed@thechristinefirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward Ronsman Esq. at ( 904 ) 829-0523  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2009

EDWARD RONSMAN, ESQ.  
CHRISTINE & CHRISTINE PA  
28 CORDOVA ST.  
ST. AUGUSTINE, FL 32084

SUBJECT: MATANZAS SHORES OWNER'S ASSOCIATION, INC.  
Ref. Number: N26802

We have received your document for MATANZAS SHORES OWNER'S ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 009A00032047

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Matanzas Shores Owners Association
2. The principal office address: 110 E Collector Road  
Palm Coast, FL 32137
3. The mailing address (if different): PO Box 353187  
Palm Coast, FL 32135-3187
4. Date of incorporation/qualification: 6/6/88 Document number: N26802
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Fred Annon Jr. , Palm Coast Property Management  
7 Florida Park Drive N., Suite C  
Palm Coast, FL 32137

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Christine & Christine PA  
28 Cordova St.  
P.O. Box NOT acceptable  
St. Augustine, FL 32084

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Judy K Shearouse  
Signature of an officer or director

Judy K Shearouse, Treas.  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Edward Ronsman  
Signature of Registered Agent

10/6/09  
Date

If signing on behalf of an entity:

Edward Ronsman Esq.  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314