I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.	

PRESIDENT

#### SIGNATURE: JOHN BARBER

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N26802

## Entity Name: MATANZAS SHORES OWNER'S ASSOCIATION, INC.

## **Current Principal Place of Business:**

6972 LAKE GLORIA BLVD. ORLANDO, FL 32809

## **Current Mailing Address:**

6972 LAKE GLORIA BLVD. ORLANDO, FL 32809-3200 US

## FEI Number: 59-2944951

## Name and Address of Current Registered Agent:

LELAND MANAGEMENT 6972 LAKE GLORIA BLVD. ORLANDO, FL 32809 US

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	: REBECCA FURLOW			04/25/2016
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	BARBER, JOHN W.	Name	CLAY, WILLIAM	
Address	6972 LAKE GLORIA BLVD.	Address	6972 LAKE GLORIA BLVD.	
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809	
Title	SECRETARY, TREASURER	Title	DIRECTOR	
Name	LIEBERMAN, STEPHEN	Name	GUILIANO, GEORGE	
Address	6972 LAKE GLORIA BLVD.	Address	6972 LAKE GLORIA BLVD.	
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809	
Title	DIRECTOR			
Name	STRAWN, WILLIAM			
Address	6972 LAKE GLORIA BLVD			
City-State-Zip:	ORLANDO FL 32809			

Certificate of Status Desired: No

# FILED Apr 25, 2016 Secretary of State CC6372275556

04/25/2016