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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724841** **(2)**

1. Corporation Name

POINT MATANZAS MANAGEMENT INC

Principal Place of Business	Mailing Address
7265 A-1-A SOUTH UNIT B-7 ST. AUGUSTINE FL 32086	7265 A-1-A SOUTH UNIT B-7 ST. AUGUSTINE FL 32086-8113

3. Date Incorporated or Qualified: **12/21/1972**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21 Street Address; 22 Suite, Apt. #, etc.; 23 City & State; 24 Zip; 25 Country
2a. Mailing Address — 26 Street Address; 27 Suite, Apt. #, etc.; 28 City & State; 29 Zip; 30 Country

4. FEI Number: **59-1479131** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BARBER, GINGER
7265 A1A SOUTH UNIT D-4
ST. AGUSTINE FL 32186

10. Name and Address of New Registered Agent

81 Name: C.H. NEIL FREEMAN
82 Street Address (P.O. Box Number is Not Acceptable)
83: 7265 A1A South Unit B1
84 City: St. Augustine **FL** 85 Zip Code: 32086

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: C.H. Freeman (Signature of New Registered Agent, if applicable) C.H. Freeman (NOTE: Registered Agent signature required when reinstating) DATE: 3/5/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	S/D	☐ Change ☒ Addition
NAME	MCINTIRE, JOE		1.2 NAME	KATHLEEN DAVITT	
STREET ADDRESS	7265 A-1-A SOUTH		1.3 STREET ADDRESS	7265 A1A South Unit D1	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	V	☐ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	ZIPPERER, AL		2.2 NAME	AL ZIPPERER	
STREET ADDRESS	365 AIRPOPRT ROAD		2.3 STREET ADDRESS	365 AIRPORT ROAD	
CITY-ST-ZIP	ORMOND BEACH FL 32174		2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	T	☐ DELETE	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	TRAVERS, JAMES		3.2 NAME	JAMES E. TRAVERS	
STREET ADDRESS	7265 A-1-A SOUTH, D-1		3.3 STREET ADDRESS	7265 A1A South B1	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	P	☒ DELETE	4.1 TITLE	P/D	☐ Change ☒ Addition
NAME	BARBER, GINGER		4.2 NAME	C.H. Freeman	
STREET ADDRESS	RT. 1 BOX 947		4.3 STREET ADDRESS	7265 A1A South Unit B1	
CITY-ST-ZIP	MACCLENNY FL 32063		4.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	S	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	FRANKLIN, JEAN S		5.2 NAME	JEAN S. FRANKLIN	
STREET ADDRESS	115 ST. JOHNS BLVD		5.3 STREET ADDRESS	115 ST JOHNS BLVD.	
CITY-ST-ZIP	EAST PALATKA FL 32131-0431		5.4 CITY-ST-ZIP	EAST PALATKA, FL 32131-0431	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E. Travers JAMES E. TRAVERS 3/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Document # 0001532