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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 12/21/1972

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

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

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FREEMAN, NEIL
7265 A1A SOUTH
UNITE B1
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 [signature] 2/2/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☑ DELETE	1.1 TITLE	SD	☐ Change ☑ Addition
NAME	DAVITT, KATHLEEN		1.2 NAME	MARY GERLITZKI	
STREET ADDRESS	7265 A1A SOUTH UNIT D7		1.3 STREET ADDRESS	7265 A1A So. UNIT D5	
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	ZIPPERER, AL		2.2 NAME	GEORGE HIN	
STREET ADDRESS	365 AIRPOPRT ROAD		2.3 STREET ADDRESS	7265 A1A So. UNIT A4	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32086	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TRAVERS, JAMES		3.2 NAME		
STREET ADDRESS	7265 A1A SOUTH B7		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, C H		4.2 NAME		
STREET ADDRESS	7265 A1A SOUTH UNIT B1		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRANKLIN, JEAN S		5.2 NAME		
STREET ADDRESS	115 ST JOHNS BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	E PALATKA FL		5.4 CITY-ST-ZIP		
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 (10/97)

14. I 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: [signature] JAMES E TRAVERS 2/2/98 904 471 8276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #