

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724841

FILED
Mar 31, 2004
Secretary of State**Entity Name:** POINT MATANZAS MANAGEMENT INC**Current Principal Place of Business:**7265 A-1-A SOUTH
UNIT B-7
ST AUGUSTINE, FL 32080**New Principal Place of Business:****Current Mailing Address:**7265 A-1-A SOUTH
UNIT B-7
ST AUGUSTINE, FL 32080**New Mailing Address:****FEI Number:** 59-1479131**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TRAVERS, JAMES E
7265 A1A SOUTH
UNIT B7
ST AUGUSTINE, FL 32080 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** SD () Delete
Name: MARY GERLITZKI,
Address: 7265 A1A S #D-5
City-St-Zip: ST AUGUSTINE, FL 32086**Title:** VD () Delete
Name: GEORGE HIN,
Address: 7265 A1A S #A-4
City-St-Zip: ST AUGUSTINE, FL 32086**Title:** TD () Delete
Name: TRAVERS, JAMES
Address: 7265 A1A SOUTH B7
City-St-Zip: ST. AUGUSTINE, FL**Title:** PD () Delete
Name: HOLLOWAY, SHINER C
Address: 7265 AIA S UNIT D7
City-St-Zip: SAINT AUGUSTINE, FL 32086**Title:** D () Delete
Name: FRANKLIN, JEAN
Address: 7265 AIA SOUTH B8
City-St-Zip: ST. AUGUSTINE, FL 32080**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES E. TRAVERS

TD

03/31/2004

Electronic Signature of Signing Officer or Director

Date