

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724841

FILED
Feb 19, 2008
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:

TRIVERS, 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 32080

Title: VD () Delete
Name: GEORGE HIN,
Address: 7265 A1A S #A-4
City-St-Zip: ST AUGUSTINE, FL 32080

Title: TD () Delete
Name: TRAVERS, JAMES
Address: 7265 A1A SOUTH B7
City-St-Zip: ST. AUGUSTINE, FL 32082

Title: D () Delete
Name: LONG, BRAD
Address: 3711 BECHTREE DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: PD () Delete
Name: FRANKLIN, JEAN
Address: 7265 A1A SOUTH B8
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: KENNERLY, STEVE
Address: 7265 A1A SOUTH A3
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: D (X) Change () Addition
Name: HOLT, BOBBY
Address: 7265 A1A SOUTH UNIT B3
City-St-Zip: ST. AUGUSTINE, FL 32080

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 exemption stated in Chapter 119, 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

02/19/2008

Electronic Signature of Signing Officer or Director

Date