

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003187

**FILED**  
**Mar 31, 2004**  
**Secretary of State****Entity Name:** POINT MATANZAS CONDOMINIUM GARAGE OWNERS, INC.**Current Principal Place of Business:**7265 A1A SOUTH -UNIT B7  
ST. AUGUSTINE, FL 32080**New Principal Place of Business:****Current Mailing Address:**7265 A1A SOUTH -UNIT B7  
ST. AUGUSTINE, FL 32080**New Mailing Address:****FEI Number:** 59-3707362**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FREEMAN, NEIL  
118 SUNSET POINT LANE  
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:** PD ( ) Delete  
**Name:** FREEMAN, NEIL  
**Address:** 118 SUNSET POINT LANE  
**City-St-Zip:** EAST PALATKA, FL 32131**Title:** TD ( ) Delete  
**Name:** TRAVERS, JAMES E  
**Address:** 7265 A1A SOUTH -UNIT B7  
**City-St-Zip:** ST. AUGUSTINE, FL 32080**Title:** D ( ) Delete  
**Name:** COOK, MARION  
**Address:** 7265 A1A SOUTH -UNIT B7  
**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:**

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