

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003187

FILED
Jan 31, 2005
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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: COOK, MARION
Address: 7265 A1A SOUTH -UNIT B7
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Change (X) Addition
Name: KENNERLY, STEVE
Address: 7265A1A SOUTH UNIT A-3
City-St-Zip: ST.AUGUSTINE, FL 32080

Title: D () Change (X) Addition
Name: SINGLETARY, TED
Address: 7265 A1A SOUTH UNIT B5
City-St-Zip: ST. AUGUSTINE, FL 32080

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

01/31/2005

Electronic Signature of Signing Officer or Director

Date