04/23/2007 11:58 2399454938 BUDGETAX

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State
05-07-2007 90061 009 ****81.25

DOCUMENT # N17593

1. Entity Name
MATANZAS POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O BOX 6604 FT. MYERS BEACH, FL 33932 US	P.O BOX 6604 FT. MYERS BEACH, FL 33932 US

40106938

04232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2771057
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COTTER, RICHARD T.
6100 ESTERO BLVD.
FORT MYERS BEACH, FL 33931

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $81.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	SCHOBERT, DAVID
STREET ADDRESS	21075 ST PETERS DRIVE
CITY-ST-ZIP	FT. MYERS BEACH, FL
TITLE	D
NAME	MCLACHLAN, EARLE H
STREET ADDRESS	21088 ST PETERS DRIVE
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931
TITLE	CSD
NAME	CRAWFORD, NORMA
STREET ADDRESS	21075 ST PETERS DRIVE
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	TD
NAME	MONACO, LYNDA
STREET ADDRESS	21071 ST . PETERS AVE
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. Monaco 4-23-07 239-463-5664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #