

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17593

FILED
Mar 18, 2009
Secretary of State

Entity Name: MATANZAS POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

21075 ST. PETERS DR.
FT. MYERS BEACH, FL 33931 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6604
FORT MYERS BEACH, FL 339326604

New Mailing Address:

FEI Number: 59-2771057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, NORMA ANNE
21075 ST. PETERS DR
FORT MYERS BEACH, FL 33931 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: VPD () Delete
Name: SCHOBERT, DAVID
Address: 21075 ST PETERS DRIVE
City-St-Zip: FT. MYERS BEACH, FL

Title: D () Delete
Name: MCLACHLAN, EARLE H
Address: 21088 ST PETERS DRIVE
City-St-Zip: FT. MYERS BEACH, FL 33931

Title: CSD () Delete
Name: CRAWFORD, NORMA
Address: 21075 ST PETERS DRIVE
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: TD () Delete
Name: MONACO, LYNDIA
Address: 21071 ST . PETERS AVE
City-St-Zip: FT. MYERS BEACH, FL 33931

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:

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: LYNDIA MONACO

TD

03/18/2009

Electronic Signature of Signing Officer or Director

Date