

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1996 4-12-96

B-3509

DOCUMENT # N26802

(1)

1. Corporation Name

MATANZAS SHORES OWNER'S ASSOCIATION, INC.

Principal Place of Business

P O BOX 352572  
PALM COAST FL 32135

Mailing Address

P O BOX 352572  
PALM COAST FL 32135



3. Date Incorporated or Qualified  
06/06/1988

3a. Date of Last Report  
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, WILLIAM A. JR.  
4984 PALM COAST PWY NW #7  
PALM COAST FL 32137

81 Name

William A. White

82 Street Address (P.O. Box Number is Not Acceptable)

Palm Coast Property Mat

83

294 Palm Coast Pwy

84 City

Palm Coast

FL

85 Zip Code

32137

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE

*William A. White*

Signature typed or printed (Name of registered agent and the applicant)

(Date) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
TUBBS, STEVEN  
EXECUTIVE OFFICES  
PALM COAST FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
BEAM, WILLIAM G  
EXECUTIVE OFFICES  
PALM COAST FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
CLINE, SAM  
EXECUTIVE OFFICES  
PALM COAST FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
LEVEY, JOSE  
EXECUTIVE OFFICES  
PALM COAST FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

VPD  
SAM BUTLER  
EXECUTIVE OFFICES  
PALM COAST, FL 32137

TD  
LEE ARBERG  
EXECUTIVE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

*Steven A. Tubbs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven A. Tubbs

3-19-96 904-445-5000

Date

Daytime Phone #

CR2E037 (12/95)