

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 C

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
4. FEI Number: 59-2944951
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**WHITE, WILLIAM A. JR.
4984 PALM COAST PWY NW #7
PALM COAST FL 32137**

10. Name and Address of New Registered Agent
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 617.0003, Florida Statutes.

SIGNATURE: *William A. White*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TUBBS, STEVEN	
STREET ADDRESS	EXECUTIVE OFFICES	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BEAM, WILLIAM G	
STREET ADDRESS	EXECUTIVE OFFICES	
CITY-ST-ZIP	PALM COAST FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLINE, SAM	
STREET ADDRESS	EXECUTIVE OFFICES	
CITY-ST-ZIP	PALM COAST FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEVEY, JOSE	
STREET ADDRESS	EXECUTIVE OFFICES	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SAM BUTLER	
23 STREET ADDRESS	EXECUTIVE OFFICES	
24 CITY-ST-ZIP	PALM COAST, FL 32137	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	LEE ARBERG	
43 STREET ADDRESS	EXECUTIVE	
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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* Steven A. Tubbs 3-19-96 904-445-5000

CR2E037 (12/95)