

FILE NOW: FILING FEE IS \$61.25

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Mar 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT '1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/06/1988	4. FEI Number 59-2944951	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent WHITE, WILLIAM A PALM COAST PROPERTY MGMT 296 PALM COAST PKWY PALM COAST FL 32137	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 617.0503, Florida Statutes.

SIGNATURE *William A. White* **2/13/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME AMARO, NICK	1.1 TITLE P/D	1.2 NAME WILLIAM F. HARKINS
STREET ADDRESS ONE CORPORATE DRIVE	CITY-ST-ZIP PALM COAST FL	1.3 STREET ADDRESS P.O. BOX 352572	1.4 CITY-ST-ZIP N/A
TITLE VPD	NAME BUTLER, SAM	2.1 TITLE SIT/D	2.2 NAME DAVID LUSBY
STREET ADDRESS EXECUTIVE OFFICES, 1 CORPORATE DRIVE	CITY-ST-ZIP PALM COAST FL	2.3 STREET ADDRESS 1 CORPORATE DRIVE	2.4 CITY-ST-ZIP PALM COAST, FL 32135
TITLE DST	NAME CALLEA, CHARLES	3.1 TITLE D	3.2 NAME CHARLES R. FAULKNER
STREET ADDRESS ONE CORPORATE DRIVE	CITY-ST-ZIP PALM COAST FL	3.3 STREET ADDRESS BOX 352572	3.4 CITY-ST-ZIP N/A
TITLE 	NAME 	4.1 TITLE D	4.2 NAME JAMES E. GARDNER
STREET ADDRESS 	CITY-ST-ZIP 	4.3 STREET ADDRESS 1 CORPORATE DRIVE	4.4 CITY-ST-ZIP PALM COAST, FL 32137
TITLE 	NAME 	5.1 TITLE 	5.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	5.3 STREET ADDRESS 	5.4 CITY-ST-ZIP
TITLE 	NAME 	6.1 TITLE 	6.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	6.3 STREET ADDRESS 	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *Sam Butler, Jr* **2.6.98** **904.445.2673**

CR2E037 (1097)