

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90320 011 ****61.25

DOCUMENT # N26802

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/06/1988

4. FEI Number

59-2944951

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

~~WHITE, WILLIAM A~~
~~PALM COAST PROPERTY MGMT~~
~~290 PALM COAST PKWY~~
~~PALM COAST FL 32137~~

81 Name

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

83

84 City

FRED ANNON JR

PALM COAST PROPERTY MANAGEMENT

326 GROOVER CREEK CROSSING

ORLANDO, BEACH

FL

85 Zip Code
32174

10. Name and Address of New Registered Agent

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

04-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
HARKINS, WILLIAM F
STREET ADDRESS P O BOX 352572-N/A
CITY-ST-ZIP PALM COAST FL 32135

TITLE ☒ DELETE

NAME VPD
BUTLER, SAM
STREET ADDRESS EXECUTIVE OFFICES, 1 CORPORATE DR
CITY-ST-ZIP PALM COAST FL

TITLE ☐ DELETE

NAME STD
LUSBY, DAVID
STREET ADDRESS 1 CORPORATE DR
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ DELETE

NAME D
FAULKNER, CHARLES R
STREET ADDRESS BOX 352572-N/A
CITY-ST-ZIP PALM COAST FL 32135

TITLE ☐ DELETE

NAME D
GARDNER, JAMES E
STREET ADDRESS 1 CORPORATE DR
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P.O. Box 352572
PALM COAST 32135

P.O. Box 352572
PALM COAST 32135

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)