


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

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

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/06/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2944951	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WHITE, WILLIAM A				81 Name FRED ANTON JR			
PALM COAST PROPERTY MGMT				82 Street Address (P.O. Box Numbers Not Acceptable) PALM COAST PROPERTY MANAGEMENT			
290 PALM COAST PKWY				83 326 GROOVER CREEK CROSSING			
PALM COAST FL 32137				84 City ORLANDO, BEACH FL 85 Zip Code 32174			

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]* DATE **04-12-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKINS, WILLIAM F	1.2 NAME	
STREET ADDRESS	P O BOX 352572-N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32135	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, SAM	2.2 NAME	
STREET ADDRESS	EXECUTIVE OFFICES, 1 CORPORATE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSBY, DAVID	3.2 NAME	
STREET ADDRESS	1 CORPORATE DR	3.3 STREET ADDRESS	P.O. Box 352572
CITY-ST-ZIP	PALM COAST FL 32137	3.4 CITY-ST-ZIP	PALM COAST 32135
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, CHARLES R	4.2 NAME	
STREET ADDRESS	BOX 352572-N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32135	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JAMES E	5.2 NAME	
STREET ADDRESS	1 CORPORATE DR	5.3 STREET ADDRESS	PO Box 352572
CITY-ST-ZIP	PALM COAST FL 32137	5.4 CITY-ST-ZIP	PALM COAST 32135
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)