

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90177 028 ****61.25

DOCUMENT # N26802

1. Entity Name

MATANZAS SHORES-OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 352572
 PALM COAST FL 32135

P O BOX 352572
 PALM COAST FL 32135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2944951

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANNON, FRED JR
PALM COAST PROPERTY MGMT
7 FLORIDA PARK DRIVEN NORTH SUITE C
SAN MATEO FL 32187

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Handwritten Signature]

04-22-02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARKINS, WILLIAM F	
STREET ADDRESS	P O BOX 352572 ***	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	ROBINSON, GREGORY	
STREET ADDRESS	P.O. BOX 352572	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINCAID, JUDITH	
STREET ADDRESS	P.O. BOX 352572	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BILDROUGH, JERRY E	
STREET ADDRESS	P.O. BOX 352572	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINCAID, LANNY	
STREET ADDRESS	POST OFFICE BOX 352572	
CITY-ST-ZIP	PALM COAST, FLORIDA 32135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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

4/23/02
 Date

(386) 446-8100
 Daytime Phone #

CR2E037 (9/01)