

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26802

1. Entity Name

MATANZAS SHORES-OWNER'S ASSOCIATION, INC.

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

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

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

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
NAME **PD**
STREET ADDRESS **HARKINS, WILLIAM F**
CITY-ST-ZIP **P O BOX 352572-~~444~~**
PALM COAST FL 32135 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **DTS**
STREET ADDRESS **ROBINSON, GREGORY**
CITY-ST-ZIP **P.O. BOX 352572**
PALM COAST FL 32135 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D**
STREET ADDRESS **KINCAID, JUDITH**
CITY-ST-ZIP **P.O. BOX 352572**
PALM COAST FL 32135 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ~~**D**~~
STREET ADDRESS ~~**BILBROUGH, JERRY E**~~
CITY-ST-ZIP ~~**P.O. BOX 352572**~~
~~**PALM COAST FL 32135**~~ ☒ Delete

TITLE
NAME **D**
STREET ADDRESS **KINCAID, LANNY**
CITY-ST-ZIP **POST OFFICE BOX 352572**
PALM COAST, FLORIDA 32135 ☐ Change ☒ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 **(386) 446-8100**
Date Daytime Phone #

CR2E037 (9/01)