


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90019 014 ****61.25

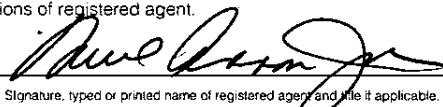
DOCUMENT # N26802		
1. Entity Name MATANZAS SHORES OWNER'S ASSOCIATION, INC.		
Principal Place of Business P O BOX 352572 PALM COAST FL 32135	Mailing Address P O BOX 352572 PALM COAST FL 32135	
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2944951		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 PALM COAST FL 32137		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. I am familiar with, and accept the obligations of registered agent.

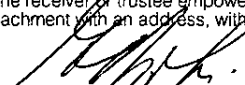
SIGNATURE  DATE 02-27-2004

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARKINS, WILLIAM F P O BOX 352572 PALM COAST FL 32135	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Harkins, William F P.O. Box 352572 Palm Coast, FL 32135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS ROBINSON, GREGORY P.O. BOX 352572 PALM COAST FL 32135	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS Robinson, Gregory P.O. Box 352572 Palm Coast, FL 32135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KINCAID, JUDITH P.O. BOX 352572 PALM COAST FL 32135	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kincaid, Judith P.O. Box 352572 Palm Coast, FL 32135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KINCAID, LANNY P.O. BOX 352572 PALM COAST FL 32135	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kincaid, Lanny P.O. Box 352572 Palm Coast, FL 32135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D McMillan, Robert P.O. Box 352572 Palm Coast, FL 32135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  Secretary & Treasurer January 30, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #