

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26802

FILED
Apr 29, 2005
Secretary of State

Entity Name: MATANZAS SHORES OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 352572
PALM COAST, FL 32135

New Principal Place of Business:

Current Mailing Address:

P O BOX 352572
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 59-2944951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANNON, FRED JR
PALM COAST PROPERTY MGMT
7 FLORIDA PARK DRIVEN NORTH SUITE C
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARKINS, WILLIAM F
Address: P O BOX 352572
City-St-Zip: PALM COAST, FL 32135

Title: DTS () Delete
Name: ROBINSON, GREGORY
Address: P.O. BOX 352572
City-St-Zip: PALM COAST, FL 32135

Title: D (X) Delete
Name: KINCAID, JUDITH
Address: P.O. BOX 352572
City-St-Zip: PALM COAST, FL 32135

Title: D () Delete
Name: KINCAID, LANNY
Address: P.O. BOX 352572
City-St-Zip: PALM COAST, FL 32135

Title: D () Delete
Name: MCMILLAN, ROBERT
Address: PO BOX 352572
City-St-Zip: PALM COAST, FL 32135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. HARKINS

DP

04/29/2005

Electronic Signature of Signing Officer or Director

Date