

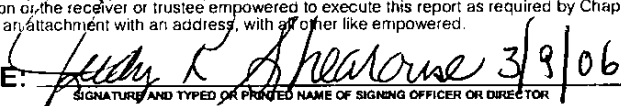


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90314 001 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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:  04-11-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Barber, John 1514 Bernita Street Jacksonville, FL 32211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ROBINSON, GREGORY P.O. BOX 352572 PALM COAST, FL 32135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Strawn, William 60 Surfview Dr. # 612 Palm Coast, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINCAID, LANNY P.O. BOX 352572 PALM COAST, FL 32135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Judy Shearouse 3 Bedford Drive Palm Coast, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, ROBERT PO BOX 352572 PALM COAST, FL 32135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edmondson, Rolfe 21 San Rafael Court Palm Coast, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pike, James 104 Surfview Drive # 1306 Palm Coast, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3/9/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 386-446-6333 <small>Daytime Phone #</small>		

40071450



02242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2944951

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required