


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90075 044 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01082007 Chg-NP CR2E037 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 59-2944951	Applied For 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, JOHN		NAME		
STREET ADDRESS	1514 BERNITA ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAWN, WILLIAM		NAME	Strawn, William	
STREET ADDRESS	60 SURFVIEW DR SUITE 612		STREET ADDRESS	60 Surfview Dr., Suite 612	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEARHOUSE, JUDY		NAME		
STREET ADDRESS	3 BEDFORD DR		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMONDSON, ROLFE		NAME		
STREET ADDRESS	21 SAN RAFAEL CT		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIKE, JAMES		NAME	Pike, James	
STREET ADDRESS	104 SURFVIEW DR SUITE 1306		STREET ADDRESS	104 Surfview Dr., Suite 1306	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Judy E. Shearhouse</i>		1/18/07		386-446-6333	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	