


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			
Zip	Country	Zip	Country	01082007 Chg-NP CR2E037 (12/06)	
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 ANNON, FRED JR PALM COAST PROPERTY MGMT 7 FLORIDA PARK DRIVEN NORTH SUITE C PALM COAST, FL 32137				7. Name and Address of New Registered Agent 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 reappointing) 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					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	BARBER, JOHN				
STREET ADDRESS	1514 BERNITA ST				
CITY-ST-ZIP	JACKSONVILLE, FL 32211				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	STRAWN, WILLIAM				
STREET ADDRESS	60 SURFVIEW DR SUITE 612				
CITY-ST-ZIP	PALM COAST, FL 32137				
TITLE	STD	<input type="checkbox"/> Delete			
NAME	SHEARHOUSE, JUDY				
STREET ADDRESS	3 BEDFORD DR				
CITY-ST-ZIP	PALM COAST, FL 32137				
TITLE	D	<input type="checkbox"/> Delete			
NAME	EDMONDSON, ROLFE				
STREET ADDRESS	21 SAN RAFAEL CT				
CITY-ST-ZIP	PALM COAST, FL 32137				
TITLE	D	<input type="checkbox"/> Delete			
NAME	PIKE, JAMES				
STREET ADDRESS	104 SURFVIEW DR SUITE 1306				
CITY-ST-ZIP	PALM COAST, FL 32137				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Strawn, William				
STREET ADDRESS	60 Surfview Dr., Suite 612				
CITY-ST-ZIP	Palm Coast, FL 32137				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Pike, James				
STREET ADDRESS	104 Surfview Dr., Suite 1306				
CITY-ST-ZIP	Palm Coast, FL 32137				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Judy E. Shearhouse</i> 1/18/07 386-446-6333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					