


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N26802 1. Entity Name MATANZAS SHORES OWNER'S ASSOCIATION, INC.	
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Principal Place of Business P O BOX 352572 PALM COAST FL 32135	Mailing Address P O BOX 352572 PALM COAST FL 32135
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	1st MOORE	CR2E037 (10/07)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2944951	
City & State	City & State	Applied For Not Applicable	
Zip	Country	Zip	Country

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

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
TITLE	PD BARBER, JOHN <input type="checkbox"/> Delete
NAME	1514 BERNITA ST
STREET ADDRESS	JACKSONVILLE FL 32211
CITY-ST-ZIP	
TITLE	VD STRAWN, WILLIAM <input type="checkbox"/> Delete
NAME	60 SURFVIEW DR SUITE 612
STREET ADDRESS	PALM COAST FL 32137
CITY-ST-ZIP	
TITLE	STD SHEARHOUSE, JUDY <input type="checkbox"/> Delete
NAME	3 BEDFORD DR
STREET ADDRESS	PALM COAST FL 32137
CITY-ST-ZIP	
TITLE	D EDMONDSON, ROLFE <input type="checkbox"/> Delete
NAME	21 SAN RAFAEL CT
STREET ADDRESS	PALM COAST FL 32137
CITY-ST-ZIP	
TITLE	VPD PIKE, JAMES <input type="checkbox"/> Delete
NAME	104 SURFVIEW DR SUITE 1306
STREET ADDRESS	PALM COAST FL 32137
CITY-ST-ZIP	
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	100000881236
STREET ADDRESS	04/03/08-80001-005 61.25
CITY-ST-ZIP	
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	<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 Section 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: Judy K Shearouse 3/13/08 Judy Shearouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR