

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26802

FILED
Apr 08, 2009
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:

110 E COLLECTOR ROAD
PALM COAST, FL 32137

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: BARBER, JOHN
Address: 1514 BERNITA ST
City-St-Zip: JACKSONVILLE, FL 32211

Title: VD () Delete
Name: STRAWN, WILLIAM
Address: 60 SURFVIEW DR SUITE 612
City-St-Zip: PALM COAST, FL 32137

Title: STD () Delete
Name: SHEARHOUSE, JUDY
Address: 3 BEDFORD DR
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: EDMONDSON, ROLFE
Address: 21 SAN RAFAEL CT
City-St-Zip: PALM COAST, FL 32137

Title: VPD () Delete
Name: PIKE, JAMES
Address: 104 SURFVIEW DR SUITE 1306
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: STRAWN, WILLIAM
Address: 60 SURFVIEW DR SUITE 612
City-St-Zip: PALM COAST, FL 32137

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

Title: D (X) Change () Addition
Name: CLAY, BILL
Address: 5 SAN DIEGO LANE
City-St-Zip: PALM COAST, FL 32137

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JUDY K SHEAROUSE

STD

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date