

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26802

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** MATANZAS SHORES OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

110 E COLLECTOR RD  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 352572  
PALM COAST, FL 32135

**New Mailing Address:**

110 E COLLECTOR RD  
PALM COAST, FL 32137

**FEI Number:** 59-2944951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACKSON LAW GROUP, LL.M., P.A.  
100 WHETSTONE PLACE  
101  
ST. AUGUSTINE, FL 32086 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: P  
Name: BARBER, JOHN  
Address: 1514 BERNITA ST  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP  
Name: STRAWN, WILLIAM  
Address: 2668 SW 103RD STREET  
City-St-Zip: GAINESVILLE, FL 32608

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

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

Title: D  
Name: GUILIANO, GEORGE  
Address: 54 NANTUCKET DR  
City-St-Zip: PALM COAST, FL 32137

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN BARBER

P

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date