

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90096 006 ****61.25

0001903

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2944951**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ANNON, FRED JR
PALM COAST PROPERTY MGMT
7 FLORIDA PARK DRIVEN NORTH SUITE C
SAN MATEO FL 32187**

Change City

* 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Palm Coast **FL 32137**

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

DATE: *3/27/03*

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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	HARKINS, WILLIAM F	
STREET ADDRESS	P O BOX 352572	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	ROBINSON, GREGORY	
STREET ADDRESS	P.O. BOX 352572	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINCAID, JUDITH	
STREET ADDRESS	P.O. BOX 352572	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINCAID, LANNY	
STREET ADDRESS	P.O. BOX 352572	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		
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		
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 exemption stated in Section 119.07(3)(l), 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: *Gregory Robinson* Director **3/7/03** **446-1800** (386)

CR2E037 (10/02)