

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32660 (5)

1. Corporation Name

MATANZAS BAY CLUB, INC.



Principal Place of Business

Mailing Address

C/O TOM CUSHMAN
P O BOX 972
ST. AUGUSTINE FL 32085-7972

C/O TOM CUSHMAN
P O BOX 972
ST. AUGUSTINE FL 32085-7972

3. Date Incorporated or Qualified
06/02/1989

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2461992

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUSHMAN, TOM
CUSHMAN 100 SOUTHPARK BLVD.
SUITE 310
ST. AUGUSTINE FL 32086

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title. I apply online.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
PETROGLOU, RAMELLE
29 COQUINA
ST AUGUSTINE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELLERTON, WALT
P. O. BOX 3708
ST AUGUSTINE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
CUSHMAN, TOM
MARTZ & CUSHMAN, 100 SOUTHPARK BLVD.
ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
HALL, RUSTY
105 MARINE STREET, APT 1
ST. AUGUSTINE FL

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
FAGUNDO, PAUL
407 C STREET
ST AUGUSTINE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rusty Hall, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (12/95)