


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90018 010 \*\*\*\*61.25

<b>DOCUMENT #</b> N97000007125	
<b>1. Entity Name</b>	
MATANZAS CUT HOMEOWNERS. ASSOCIATION, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
6353 PUTNAM STR SAINT AUGUSTINE FL 32080	6353 PUTNAM STR SAINT AUGUSTINE FL 32080

<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>



1st MOORE CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
CHAMBERLAIN, DEBRA 6401 PUTNAM ST SAINT AUGUSTINE FL 32080		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P ODENDAHL, THOMAS H 6377 PUTNAM ST SAINT AUGUSTINE FL 32080			
S MEEKS, ANN M 6373 PUTNAM ST ST AUGUSTINE FL 32080			
DV BALL, BRENDA 6364 PUTNAM ST. ST. AUGUSTINE FL 32080			
TD CHAMBERLAIN, DEBRA 6401 PUTNAM ST ST.AUGUSTINE FL 32080			
MAL BAUR, DE DE 308 AMELIA SAINT AUGUSTINE FL 32080			
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Debra Chamberlain* **2/13/07 904-471-7950**