


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90038 033 ****61.25

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| DOCUMENT # N97000007125 |  |
| 1. Entity Name MATANZAS CUT HOMEOWNERS. ASSOCIATION, INC. | |

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| Principal Place of Business 6353 PUTNAM STR SAINT AUGUSTINE, FL 32080 | Mailing Address 6353 PUTNAM STR SAINT AUGUSTINE, FL 32080 |
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| 2. Principal Place of Business - No P.O. Box # 475 W TOWN PLACE Suite, Apt. #, etc. SUITE 100 City & State ST AUGUSTINE, FL Zip 32092 Country | 3. Mailing Address 475 W TOWN PLACE Suite, Apt. #, etc. SUITE 100 City & State ST AUGUSTINE, FL Zip 32092 Country |
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02282008 Chg-NP CR2E037 (12/06)

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| 4. FEI Number NOT APPLICABLE | 593341264 | Applied For Not Applicable |
| 5. Certificate of Status Desired | | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CHAMBERLAIN, DEBRA 6401 PUTNAM ST SAINT AUGUSTINE, FL 32080 | 7. Name and Address of New Registered Agent Name SEVERN TRENT SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 475 W TOWN PLACE, SUITE 100 City ST AUGUSTINE FL Zip Code 32092 |
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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 Sheli Moran as agent SHELI MORAN 3/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ODENDAHL, THOMAS H 6377 PUTNAM ST SAINT AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JIM ASSELTA 6385 PUTNAM ST SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MEEKS, ANN M 6373 PUTNAM ST ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HEATHER MARKS 6381 PUTNAM ST SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CHAMBERLAIN, DEBRA 6401 PUTNAM ST ST.AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BRENDA MAZZEO 6372 PUTNAM ST SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEN WARREN 316 AMELIA CT SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 Chapter 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: Brenda E. Mazzeo 2-29-08 904-329-9347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #