

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007125

FILED
Apr 06, 2009
Secretary of State

Entity Name: MATANZAS CUT HOMEOWNERS. ASSOCIATION, INC.

Current Principal Place of Business:

475 W TOWN PLACE
SUITE 100
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

475 W TOWN PLACE
SUITE 100
SAINT AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 59-3341264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEVERN TRENT SERVICES, INC
475 W TOWN PLACE, SUITE 100
SAINT AUGUSTINE, FL 32092 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: PD () Delete
Name: ASSELTA, JIM
Address: 6385 PUTNAM ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S () Delete
Name: MEEKS, ANN M
Address: 6373 PUTNAM ST
City-St-Zip: ST AUGUSTINE, FL 32080

Title: TD (X) Delete
Name: MAZZEO, BRENDA
Address: 6732 PUTNAM ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: WARREN, BEN
Address: 316 AMELIA CT
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VD () Delete
Name: MARKS, HEATHER
Address: 6381 PUTNAM ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: ASSELTA, JIM
Address: 6385 PUTNAM ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SD (X) Change () Addition
Name: MEEKS, ANN M
Address: 6373 PUTNAM ST
City-St-Zip: ST AUGUSTINE, FL 32080

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: TD (X) Change () Addition
Name: WARREN, BEN
Address: 316 AMELIA CT
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: PD (X) Change () Addition
Name: MARKS, HEATHER
Address: 6381 PUTNAM ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HEATHER MARKS

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date