## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000007125

FILED Mar 04, 2010 Secretary of State

Entity Name: MATANZAS CUT HOMEOWNERS. ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

475 W TOWN PLACE 475 W TOWN PLACE

SUITE 100 SUITE 200

SAINT AUGUSTINE, FL 32092 SAINT AUGUSTINE, FL 32092

**New Mailing Address: Current Mailing Address:** 

475 W TOWN PLACE SUITE 200 475 W TOWN PLACE

SUITE 100

SAINT AUGUSTINE, FL 32092 SAINT AUGUSTINE, FL 32092

FEI Number: 59-3341264 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SEVERN TRENT SERVICES, INC SEVERN TRENT SERVICES, INC 475 W TOWN PLACE, SUITÉ 100 475 W TOWN PLACE, SUITÉ 200 SAINT AUGUSTINE, FL 32092 SAINT AUGUSTINE, FL 32092

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: 03/04/2010

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

SEIDEL, KATHI Name: Address: 6353 PUTNAM ST

City-St-Zip: SAINT AUGUSTINE, FL 32080

Title:

Name: MARTINEZ, SARKA Address: 312 AMELIA COURT City-St-Zip: ST AUGUSTINE, FL 32080

Title: SD

CARR, WOODY Name: Address: 6360 PUTNAM ST

City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TD

Name: HANSEN, STEVE 6389 PUTNAM ST Address:

City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

**PRES** SIGNATURE: KATHI SEIDEL 03/04/2010