

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724841

Entity Name: POINT MATANZAS MANAGEMENT INC**Current Principal Place of Business:**7265 A1A SOUTH
ST AUGUSTINE, FL 32080**Current Mailing Address:**3942 A1A SOUTH
ST AUGUSTINE, FL 32080 US**FEI Number: 59-1479131****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COASTAL REALTY & PROPERTY MANAGEMENT
3942 A1A SOUTH
ST AUGUSTINE, FL 32080 US*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:** JUDY ALLIGOOD

02/03/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HAMEL, JANICE
Address 7265 A1A SOUTH
 UNIT C-6
City-State-Zip: ST AUGUSTINE FL 32080

Title TREASURER
Name TRAVERS, ANN
Address 7265 A1A SOUTH
 UNIT B7
City-State-Zip: ST AUGUSTINE FL 32080

Title VP
Name YORK, BETTY SUE
Address 7265 A1A SOUTH UNIT C-11
City-State-Zip: ST. AUGUSTINE FL 32080

Title SECRETARY
Name DUELKS, JACK
Address 7265 A1A SOUTH
 UNIT A2
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name SINGLETARY, TED
Address 7265 A1A SOUTH
 UNIT B5
City-State-Zip: ST. AUGUSTINE FL 32080

Title OFFICER
Name ALLIGOOD , JUDY
Address 3942 A1A SOUTH
City-State-Zip: ST 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.

SIGNATURE: JUDY ALLIGOOD**OFFICER**

02/03/2015

Electronic Signature of Signing Officer/Director Detail

Date