

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Brenda B. Northcutt  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 28 PM 6:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 729238 (6)**

1. Corporation Name  
**EAGLE BEND ISLAND ASSOCIATION, INC.**

Principal Place of Business  
P.O. BOX **26576**  
JACKSONVILLE FL **32226-6576**

Mailing Address  
P.O. BOX **26576**  
JACKSONVILLE FL **32226-6576**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/03/1974** 3a. Date of Last Report **04/08/1994**

4. FEI Number **59-2239346** Not Applicable

2. Principal Place of Business  
21 **PO BOX 26576**

2a. Mailing Address  
26 **PO BOX 26576**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State **JACKSONVILLE, FL**

28 City & State **JACKSONVILLE, FL**

24 Zip **32226-6576** 25 Country **USA**

29 Zip **32226-6576** 30 Country **USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**BUCK, DENNIS  
17225 EAGLE BEND BLVD  
JACKSONVILLE FL 32226**

10. Name and Address of New Registered Agent

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>TD</b>
NAME	<b>CLARK, BRAD</b>
STREET ADDRESS	<b>1230 ARUBA CT</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VD</b>
NAME	<b>D'AVICO, MIKE</b>
STREET ADDRESS	<b>1207 ARUBA CT</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VD</b>
NAME	<b>LINDLER, ANN</b>
STREET ADDRESS	<b>17240 HOLMES MILL AVE</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>PD</b>
NAME	<b>BUCK, DENNIS</b>
STREET ADDRESS	<b>17225 EAGLE BEND BLVD</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VD</b>
NAME	<b>MORGAN, DANA</b>
STREET ADDRESS	<b>17203 EAGLE BEND BLVD</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>SD</b>
NAME	<b>LEVESQUE, DAVID <del>DAVID</del> CATON, DICK</b>
STREET ADDRESS	<b>1224 EAGLE BEND CT. 1</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SEC. OFF. CATON, DICK</b>
6.3 STREET ADDRESS	<b>17274 RIVER ISLE CIR.</b>
6.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL. 32226</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Dick Caton** **DICK CATON**

**4/20/95** **904/751-0050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR