

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729238

FILED  
Mar 01, 2006  
Secretary of State

Entity Name: EAGLE BEND ISLAND ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 26576  
JACKSONVILLE, FL 322266576 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 26576  
JACKSONVILLE, FL 322266576 US

**New Mailing Address:**

FEI Number: 59-2239346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARKINSON, LES  
16946 ELSINORE DR.  
JACKSONVILLE, FL 32226 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: TD ( ) Delete  
Name: ADAM, PAUL  
Address: 17234 RIVER ISLE CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32226

Title: PD ( ) Delete  
Name: PARKINSON, LES  
Address: 16946 ELSINORE DR.  
City-St-Zip: JACKSONVILLE, FL 32226

Title: SD ( ) Delete  
Name: DEWITT, ALLISON  
Address: 16954 ELSINORE DR.  
City-St-Zip: JACKSONVILLE, FL 32226

Title: D ( ) Delete  
Name: MOSHER, HARRY  
Address: 1174 EAGLE BEND COURT  
City-St-Zip: JACKSONVILLE, FL 32226

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LES PARKINSON

PD

03/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date