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: DONNIE WRIGHT

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 729238

Entity Name: EAGLE BEND ISLAND ASSOCIATION, INC.

Current Principal Place of Business:

1644 EAGLE BEND BLVD JACKSONVILLE, FL 32226-6576

Current Mailing Address:

PO BOX 26576 JACKSONVILLE, FL 32226-6576 US

FEI Number: 59-2239346

Name and Address of Current Registered Agent:

WRIGHT, DONNIE 17580 MONTESSA TERRACE JACKSONVILLE, FL 32226 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	TD	Title	PD
Name	ADAM, PAUL	Name	WRIGHT, DONNIE
Address	17234 RIVER ISLE CIRCLE	Address	17580 MONTESSA TERRACE
City-State-Zip:	JACKSONVILLE FL 32226	City-State-Zip:	JACKSONVILLE FL 32226

PRESIDENT

01/22/2013 Date

FILED Jan 22, 2013 Secretary of State CC5021971188

Certificate of Status Desired: No

Date