

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 729238 (6)

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



Principal Place of Business: PO BOX 26576 JACKSONVILLE FL 32226-6576 US  
Mailing Address: PO BOX 26576 JACKSONVILLE FL 32226-6576 US

3. Date Incorporated or Qualified: 04/03/1974  
3a. Date of Last Report: 04/28/1995  
4. FEI Number: 59-2239346  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) details including Suite, Apt. #, City & State, Zip, and Country.

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 (81-85) details including Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: DENNIS BUCK, PRES./DIR. DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, BRAD	
STREET ADDRESS	1230 ARUBA CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	D'AVICO, MIKE	
STREET ADDRESS	1207 ARUBA CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LINDLER, ANN	
STREET ADDRESS	17240 HOLMES MILL AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCK, DENNIS	
STREET ADDRESS	17225 EAGLE BEND BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORGAN, DANA	
STREET ADDRESS	17203 EAGLE BEND BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CATON, DICK	
STREET ADDRESS	17274 RIVER ISLE CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARK HOWARD	
13 STREET ADDRESS	1207 EAGLE BEND CT,	
14 CITY-ST-ZIP	JACKSONVILLE, FL, 32226	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	DIANA OLIVER	
23 STREET ADDRESS	17299 EAGLE BEND BLVD	
24 CITY-ST-ZIP	JACKSONVILLE, FL, 32226	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	WILLIAM CREWS	
33 STREET ADDRESS	1076 EAGLE BEND CT.	
34 CITY-ST-ZIP	JACKSONVILLE, FL, 32226	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	RICHARD VENTO	
43 STREET ADDRESS	17438 HOLMES MILL AVE.	
44 CITY-ST-ZIP	JACKSONVILLE, FL, 32226	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	DAVID DIPERNA	
53 STREET ADDRESS	17253 ELLINGORE DR.	
54 CITY-ST-ZIP	JACKSONVILLE, FL, 32226	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	GARY YOUNG	
63 STREET ADDRESS	17504 MONTESSA TERR.	
64 CITY-ST-ZIP	JACKSONVILLE, FL, 32226	

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)(k), 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 617, 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 DATE: FEB 3, 1996 TELEPHONE: 904/751-0050

CR2E037 (12/95)