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: SAMUEL SHAW

Electronic Signature of Signing Officer/Director Detail

2021 FLORI	DA NOT FOR PRO	FIT CORPORA	TION ANNUAL	<u>REPORT</u>

DOCUMENT# 729238

Entity Name: EAGLE BEND ISLAND ASSOCIATION, INC.

Current Principal Place of Business:

16970 EAGLE BEND BLVD JACKSONVILLE, FL 32226

Current Mailing Address:

16970 EAGLE BEND BLVD JACKSONVILLE, FL 32226 US

FEI Number: 59-2239346

Name and Address of Current Registered Agent:

FLORIDIAN PROPERTY MANAGEMENT, LLC 414 OLD HARD ROAD SUITE 502 FLEMING ISLAND, FL 32003 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: KYLE MEAGHER				04/26/2021		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PD	Title	SD			
Name	SHAW, SAMUEL A.	Name	PERDUE, LYDIA HOPE			
Address	17283 RIVER ISLE CIRCLE	Address	17134 DORADO CIRLCE			
City-State-Zip:	JACKSONVILLE FL 32226	City-State-Zip:	JACKSONVILLE FL 32226			
Title	VPD	Title	TD			
Name	WRIGHT, CHRISTOPHER	Name	MCCASKILL, DANIEL J.			
Address	1260 GORHAM STREET	Address	1839 EAGLE BEND TERRACE			
City-State-Zip:	JACKSONVILLE FL 32226	City-State-Zip:	JACKSONVILLE FL 32226			

Certificate of Status Desired: No

04/26/2021 Date

FILED Apr 26, 2021 Secretary of State 2889096523CC

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