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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729238

(6)

EAGLE BEND ISLAND ASSOCIATION, INC.

Principal Place of Business Mailing Address  PO BOX 26576 PO BOX 26576  JACKSONVILLE FL 32226-6576 JACKSONVILLE FL 32226-6576							
JACKSONVILLE FL 32226-6576 US		US		Date Incorporated or Qualified   3s. Date of Last Report			
	•				04/03/1974	3a. Date of Last Ro 02/23/199	6
	face of Business	2a. Mailing Address	A-11-1		4. FEI Number 59-2239346	<del>)  </del>	pplied For of Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27			5. Certificate of Status Desired	Fee Re	1
City & State	<del>)</del>	City & State			6. Election Campaign Financing	\$5.00 Added 1	7
<b>23</b> Zip	Country	28 Zip	Countr	v	Trust Fund Contribution  8. This corporation has liability for it		
24	25		30	,		Yes No	. 199.002,
	9. Name and Address of Curren				10. Name and Address of New Reg	gistered Agent	
			81	Name			1
BUCK, D			87	82 Street Address (P.O. Box Number is Not Acceptable)			
	AGLE BEND BLVD		83	1			
JACKSUI	NVILLE FL 32226						
			84	City	<del></del>	FL 85 Zip (	Code
agent. La	egistered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 617.0503, Flor	rida Statute	9 <b>S</b> .	ration's board of directors. I hereby acception acception acception and the relation of the re	DATE DATE	IaAisteren
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	TD	DELETE	1,1 TITLE			Change	Addition
NAME	HOWARD, MARK		1.2 NAME	- 1			
STREET ADDRESS	1207 EAGLE BEND CT JACKSONVILLE FL			T ADDRESS			
CITY-ST-ZIP TITLE	D JACKSONVILLE FL	<b>₩</b> DELETE	1.4 CITY- 2.1 TITLE			☐ Change	Addition
NAME	OLIVER, DIANA	<b>***</b>	2.2 NAME				<del></del>
STREET ADDRESS	17299 EAGLE BEND BLVD			T ADDRESS	•		
C(TY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY	· ST - ZIP			
BITLE	VD	☐ DELETE	31 TITLE			Change	☐ Addition
NAME	UNDLER, ANN		3.2 NAME	1			
STREET ADDRESS	17240 HOLMES MILL AVE			ET ADDRESS			
CITY-ST-ZIP TITLE	JACKSONVILLE FL PD	DELETE	3.4. CITY			Change	Addition
NAME	BUCK, DENNIS	- Western	4.1 INCE				
STREET ADDRESS	17225 EAGLE BEND BLVD			ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY				
TITLE	VD	DELETE	5.1 TITLE			Change	Addition Addition
NAME	MORGAN, DANA		5.2 NAME				
STREET ADDRESS	17203 EAGLE BEND BLVD			ET ADDRESS			
CHTY-ST-ZIP	JACKSONVILLE FL	DELETE	5.4 CITY -			Change	☐ Addition
TITLE NAME	SD Caton, Dick	C) better	6.1 TITLE 6.2 NAME			E triango	L. Addition
STREET ADDRESS	17274 RIVER ISLE CIRCLE			ET ADORESS			
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-				
14 Ldo beret	by cartify that the information symplic	d with this filing does not qualify	v for the ex	emotion stat	ted in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
1 am an o' appears i	on indicated on this annual report of solificer or director of the corporation or in Block 12 or Block 13 if changed, <b>9</b>	supplemental annual report is the the receiver or trustee empower on an attachment with an add	ered to exe lress.	cute this rep	hat my signature shall have the same lega port as required by Chapter 617, Florida S	itatutes; and that my r	name

904/157-0050

**FILED** 

Mar 03 1997 8:00am

Secretary of State