

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number
59-2239346

Applied For
 Yes Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

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 Name
Thomas, D. Gray

82 Street Address (P.O. Box Number is Not Acceptable)
1199 Eagle Bend Court

83

84 City
Jacksonville **FL** 85 Zip Code
32226

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 *Thomas* DATE **3/2/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOWARD, MARK	
STREET ADDRESS	1207 EAGLE BEND CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LINDLER, ANN	
STREET ADDRESS	17240 HOLMES MILL AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUCK, DENNIS	
STREET ADDRESS	17225 EAGLE BEND BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, DANA	
STREET ADDRESS	17203 EAGLE BEND BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CATON, DICK	
STREET ADDRESS	17274 RIVER ISLE CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomas, D. Gray	
1.3 STREET ADDRESS	1199 Eagle Bend Court	
1.4 CITY-ST-ZIP	Jacksonville, FL 32226	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Redman, Megan	
2.3 STREET ADDRESS	17550 Montessa Terrace	
2.4 CITY-ST-ZIP	Jacksonville, FL 32226	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Justus, Richard	
3.3 STREET ADDRESS	1248 Beekman Road	
3.4 CITY-ST-ZIP	Jacksonville, FL 32226	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Scott, Sharon	
4.3 STREET ADDRESS	17348 River Isle Circle	
4.4 CITY-ST-ZIP	Jacksonville, FL 32226	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas* DATE: **3/2/98** (904)356-9661

CP2E037 (10/97)