

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002001

FILED
Apr 18, 2009
Secretary of State

Entity Name: EAGLE BAY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

988 AIRPORT ROAD
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

988 AIRPORT ROAD
DESTIN, FL 32541

New Mailing Address:

FEI Number: 20-3727092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONEZZI, ROBERT A
988 AIRPORT ROAD
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BONEZZI, ROBERT A
Address: 988 AIRPORT ROAD
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: GRAHAM, JILL R
Address: 988 AIRPORT ROAD
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: WILLINGHAM, MICHELLE
Address: 988 AIRPORT ROAD
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT A BONEZZI

D

04/18/2009

Electronic Signature of Signing Officer or Director

_____ Date