


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N25823</b> (8) 1. Corporation Name <b>EGAN'S BLUFF OWNERS ASSOCIATION, INCORPORATED</b>			
Principal Place of Business <b>1894 RIDGEWOOD DR. FERNANDINA BEACH FL 32034 US</b>		Mailing Address <b>1886 LAKESIDE DRIVE SOUTH FERNANDINA BEACH FL 32034-5229 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
22 Suite, Apt. #, etc. <b>1901 Lakeside Dr. S</b>		27 Suite, Apt. #, etc. <b>1942 Spring Brook Road</b>	
23 City & State <b>Fernandina Beach FL</b>		28 City & State <b>Fernandina Beach FL</b>	
24 Zip <b>32034</b>		29 Zip <b>32034</b>	
25 Country <b>USA</b>		30 Country <b>USA</b>	
3. Date Incorporated or Qualified <b>04/08/1988</b>		3a. Date of Last Report <b>04/19/1996</b>	
4. FEI Number <b>59-2898746</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>WATSON, WILLIAM 1894 RIDGEWOOD DR. FERNANDINA BEACH FL 32034</b>		10. Name and Address of New Registered Agent <b>81 Name Jeffery Tomberlin 82 Street Address (P.O. Box Number is Not Acceptable) 1901 Lakeside Drive S 83 84 City Fernandina Beach FL 85 Zip Code 32034</b>	
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 <u>Jeffery Tomberlin</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KINNEBREW, THOMAS 2178 LAKESIDE DRIVE E FERNANDINA BEACH FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>TD Allison Garner 1942 Spring Brook Road Fernandina Beach, FL 32034</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WATSON, WILLIAM 1894 RIDGEWOOD DR FERNANDINA BEACH FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D Sherry Quattlebaum 1922 Lakeside Drive South Fernandina Beach, FL 32034</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HICKOX, STEPHANIE 1886 LAKESIDE DR S FERNANDINA BEACH FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FREDERICK, BONNIE 2184 LAKESIDE DR., E. FERNANDINA BEACH FL 32034</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BRUCE, PATRICIA 2151 LAKESIDE DR E FERNANDINA BEACH FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD TOMBERLIN, JEFFERY 1901 LAKESIDE DR S. FERNANDINA BEACH FL 32034</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 Allison Garner Sherry Quattlebaum Jeffery Tomberlin William Watson Stephanie Hickox Bonnie Frederick Patricia Bruce Jeffery Tomberlin (204) 321-0355

CR2E037 (9/96)