

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N25823 (8)  
1. Corporation Name  
EGAN'S BLUFF OWNERS ASSOCIATION, INCORPORATED



Principal Place of Business: 1894 RIDGEWOOD DR. FERNANDINA BEACH FL 32034 US  
Mailing Address: 1886 LAKESIDE DRIVE SOUTH FERNANDINA BEACH FL 32034-5229 US

3. Date Incorporated or Qualified: 04/08/1988  
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business: 1901 Lakeside Dr. S, Fernandina Beach FL 32034, USA  
2a. Mailing Address: 1942 Spring Brook Road, Fernandina Beach FL 32034, USA

4. FEI Number: 59-2898746  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
WATSON, WILLIAM  
1894 RIDGEWOOD DR.  
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent  
81 Name: Jeffery Tomberlin  
82 Street Address (P.O. Box Number is Not Acceptable): 1901 Lakeside Drive S  
83 ~~Street Address~~  
84 City: Fernandina Beach FL  
85 Zip Code: 32034

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

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KINNEBREW, THOMAS	
STREET ADDRESS	2178 LAKESIDE DRIVE E	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, WILLIAM	
STREET ADDRESS	1894 RIDGEWOOD DR	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HICKOX, STEPHANIE	
STREET ADDRESS	1886 LAKESIDE DR S	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREDERICK, BONNIE	
STREET ADDRESS	2184 LAKESIDE DR., E.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRUCE, PATRICIA	
STREET ADDRESS	2151 LAKESIDE DR E	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TOMBERLIN, JEFFERY	
STREET ADDRESS	1901 LAKESIDE DR S.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Allison Garner	
1.3 STREET ADDRESS	1942 Spring Brook Road	
1.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sherry Quattlebaum	
2.3 STREET ADDRESS	1922 Lakeside Drive South	
2.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 (204) 321-0355

CR2E037 (9/96)