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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25823

1. Corporation Name

EGAN'S BLUFF OWNERS ASSOCIATION, INCORPORATED

Principal Place of Business

1922 LAKESIDE DR. S.
FERNANDINA BEACH FL 32034
US

Mailing Address

1942 SPRING BROOK RD
FERNANDINA BEACH FL 32034
US



2. Principal Place of Business

21 **3110 EGAN'S BLUFF RD.**

Suite, Apt. #, etc.

22 City & State

23 **FERNANDINA BEACH, FL**

Zip

24 **32034**

Country

25 **USA**

2a. Mailing Address

26 **1942 SPRING BROOK RD.**

Suite, Apt. #, etc.

27 City & State

28 **FERNANDINA BEACH, FL**

Zip

29 **32034**

Country

30 **USA**

3. Date Incorporated or Qualified

04/08/1988

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

9. Name and Address of Current Registered Agent

**QUATTLEBAUM, SHERRY
1922 LAKESIDE DRIVE S.
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name

JOHN R. HARLAND

82 Street Address (P.O. Box Number is Not Acceptable)

3110 EGAN'S BLUFF RD.

83

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 617.0903, Florida Statutes.

SIGNATURE

John R. Harland
Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

April 21, 1999
DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☒ DELETE
NAME **GARNER, ALLISON**
STREET ADDRESS **1942 SPRING BROOK RD.**
CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE **PD** ☒ DELETE
NAME **QUATTLEBAUM, SHERRY**
STREET ADDRESS **1922 LAKESIDE DRIVE SOUTH**
CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE **VD** ☒ DELETE
NAME **MARKS, SAM**
STREET ADDRESS **1921 RIDGEWOOD DRIVE**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **SD** ☒ DELETE
NAME **BRUCE, PATRICIA**
STREET ADDRESS **2151 LAKESIDE DR E**
CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE **D** ☒ DELETE
NAME **VOSS, FREDERICK**
STREET ADDRESS **1906 LAKESIDE DRIVE NORTH**
CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT / DIRECTOR** ☒ Change ☐ Addition
1.2 NAME **JOHN R. HARLAND**
1.3 STREET ADDRESS **3110 EGAN'S BLUFF RD.**
1.4 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

2.1 TITLE **VICE PRESIDENT / DIRECTOR** ☒ Change ☐ Addition
2.2 NAME **DON HILL**
2.3 STREET ADDRESS **3115 EGAN'S BLUFF RD.**
2.4 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

3.1 TITLE **SECRETARY / DIRECTOR** ☒ Change ☐ Addition
3.2 NAME **BARBARA WALLACE**
3.3 STREET ADDRESS **1949 SPRING BROOK RD.**
3.4 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

4.1 TITLE **TREASURER / DIRECTOR** ☒ Change ☐ Addition
4.2 NAME **J. CARTER FLETCHER**
4.3 STREET ADDRESS **1948 SPRING BROOK RD.**
4.4 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

5.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
5.2 NAME **SUSAN MARKIW**
5.3 STREET ADDRESS **1955 LAKESIDE DRIVE NORTH**
5.4 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

John R. Harland (RET. CARTER FLETCHER) TREAS. 4-14-99 (904) 261-4075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)