


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90046 038 ****61.25

DOCUMENT # N25823 1. Entity Name EGAN'S BLUFF OWNERS ASSOCIATION, INCORPORATED	
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Principal Place of Business 1889 LAKESIDE DRIVE S FERNANDINA BEACH FL 32034 US	Mailing Address 1889 LAKESIDE DRIVE S FERNANDINA BEACH FL 32034 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E037 (10/06)

4. FEI Number 59-2898746	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JAMES, MADY 2411 LAKESIDE DRIVE E FERNANDINA BEACH FL 32034	7. Name and Address of New Registered Agent Name BILL NEUSS Street Address (P.O. Box Number is Not Acceptable) 1883 LAKESIDE DR, NORTH City FERNANDINA BEACH, FL Zip Code 32034
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8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE Bui Neuss <small>Signature, typed or printed name of registered agent and title if applicable</small>	President, EBOA <small>(NOTE: Registered Agent signature required when resigning)</small>	3/30/2007 <small>DATE</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM OWYER, SUE 1962 LAKESIDE DRIVE S FERNANDINA BEACH FL 32034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S ERICKSON, BILL 2194 LAKESIDE DR EAST FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P MADY, JAMES 2411 LAKESIDE DR E FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete	TITLE VB NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T PIKULA, MIKE 1889 LAKESIDE DR S FERNANDINA BEACH FL 32034 <input checked="" type="checkbox"/> Delete	TITLE T NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V WIER, WAYNE 3121 EGANS BLUFF ROAD FERNANDINA BEACH FL 32034 <input checked="" type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Bui Neuss** **President, EBOA** **3/30/07** **904-321-2530**