2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# N25823

Entity Name: EGAN'S BLUFF OWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

1889 LAKESIDE DRIVE S
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

1889 SPRING BROOK RD.
FERNANDINA BEACH, FL 32034 US

Current Mailing Address:

1889 LAKESIDE DRIVE S
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

1889 SPRING BROOK RD.
FERNANDINA BEACH, FL 32034 US

FEI Number: 59-2898746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEUSS, BILL
1883 LAKESIDE DR NORTH
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

SCHWEITZER, RICHARD A
1889 SPRING BROOK RD.
FERNANDINA BEACH, FL 32034 US

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: RICHARD A. SCHWEITZER 04/18/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: ERICKSON, BILL
Address: 2194 LAKESIDE DR EAST
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD ( ) Delete
Name: MADY, JAMES
Address: 2411 LAKESIDE DR E
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T ( ) Delete
Name: SCHWEITZER, RICHARD
Address: 1889 SPRINGBROOK DR N
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: P (X) Delete
Name: NEUSS, BILL
Address: 1883 LAKESIDE DR. N.
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NEUSS, BILL
Address: 1883 LAKESIDE DR. N.
City-St-Zip: FERNANDINA BEACH, FL 32034

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: RICHARD A. SCHWEITZER T 04/18/2009
Electronic Signature of Signing Officer or Director Date