

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729238

FILED
Jan 21, 2007
Secretary of State

Entity Name: EAGLE BEND ISLAND ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 26576
JACKSONVILLE, FL 322266576 US

New Principal Place of Business:

1644 EAGLE BEND BLVD
JACKSONVILLE, FL 322266576 US

Current Mailing Address:

PO BOX 26576
JACKSONVILLE, FL 322266576 US

New Mailing Address:

FEI Number: 59-2239346 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PARKINSON, LES
16946 ELSINORE DR.
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ADAM, PAUL
Address: 17234 RIVER ISLE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32226

Title: PD () Delete
Name: PARKINSON, LES
Address: 16946 ELSINORE DR.
City-St-Zip: JACKSONVILLE, FL 32226

Title: SD () Delete
Name: DEWITT, ALLISON
Address: 16954 ELSINORE DR.
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: MOSHER, HARRY
Address: 1174 EAGLE BEND COURT
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: LES PARKINSON

PD

01/21/2007

Electronic Signature of Signing Officer or Director

Date