

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729238

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** EAGLE BEND ISLAND ASSOCIATION, INC.

**Current Principal Place of Business:**

1644 EAGLE BEND BLVD  
JACKSONVILLE, FL 322266576 US

**New Principal Place of Business:**

**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:**

WRIGHT, DONNIE  
17580 MONTESSA TERRACE  
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  
**Name:** ADAM, PAUL  
**Address:** 17234 RIVER ISLE CIRCLE  
**City-St-Zip:** JACKSONVILLE, FL 32226

**Title:** PD  
**Name:** WRIGHT, DONNIE  
**Address:** 17580 MONTESSA TERRACE  
**City-St-Zip:** JACKSONVILLE, FL 32226

I hereby 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 all other like empowered.

**SIGNATURE:** DONNIE WRIGHT

PRES

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date