

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005492

FILED  
Jan 19, 2012  
Secretary of State

**Entity Name:** EGAN'S BLUFF UNIT THREE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2805 PARK SQUARE PLACE  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

2805 PARK SQUARE PLACE  
FERNANDINA BEACH, FL 32034 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUTSELL, DEAN  
2805 PARK SQUARE PLACE  
FERNANDINA BEACH, FL 32034 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: P  
Name: POOLE, PRICE JR  
Address: 2202 ASHLEY COURT  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: V  
Name: GRUBESKY, GERALD  
Address: 2133 LAURA LEIGH COURT  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: S  
Name: VENERDI, LORI  
Address: 2797 PARK SQUARE PLACE  
City-St-Zip: FERNANDINA BEACH, FL 32034 FL

Title: T/D  
Name: HUTSELL, DEAN  
Address: 2805 PARK SQUARE PLACE  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: D  
Name: EI, WILLIAM  
Address: 2130 LAURA LEIGH CT  
City-St-Zip: FERNANDINA BEACH, FL 32034

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: DEAN HUTSELL

T

01/19/2012

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

\_\_\_\_\_  
Date