


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

04-11-2005 90167 012 ****61.25

DOCUMENT # N25823 1. Entity Name EGAN'S BLUFF OWNERS ASSOCIATION, INCORPORATED					
Principal Place of Business 1887 RIDGEWOOD DRIVE FERNANDINA BEACH, FL 32034 US			Mailing Address 1889 RIDGEWOOD DRIVE FERNANDINA BEACH, FL 32034 US		
2. Principal Place of Business 1889 Lakeside Dr. S. Suite, Apt. #, etc.		3. Mailing Address 1889 Lakeside Dr. S. Suite, Apt. #, etc.			
City & State FERNANDINA Beach, FL		City & State FERNANDINA Beach, FL		4. FEI Number 59-2898746	
Zip 32034		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE BRAWWER, SCOTT 1887 RIDGEWOOD DRIVE FERNANDINA BEACH, FL 32034				7. Name and Address of New Registered Agent Name MADY, James Street Address (P.O. Box Number is Not Acceptable) 2411 LAKESIDE DR., E. City FERNANDINA BEACH, FL Zip Code 32034	
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 <u><i>James Mady</i></u> PRESIDENT, EBOA <u>5/7/2005</u> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE BRAWWER, SCOTT 1887 RIDGEWOOD DRIVE FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete			
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	VPD MADY, JAMES 2411 LAKESIDE DR E FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIKULA, MIKE 1889 LAKESIDE DR S FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALM DAMATO, JENNIFER 3128 EGANS BLUFF RD FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>James Mady</i></u> 5/7/2005 904-321-0513 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> JAMES MADY, PRESIDENT EBOA					