2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25823

FILED Apr 18, 2009 Secretary of State

Entity Name: EGAN'S BLUFF OWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

1889 LAKESIDE DRIVE S 1889 SPRING BROOK RD.

FERNANDINA BEACH, FL 32034 US FERNANDINA BEACH, FL 32034 US

Current Mailing Address: New Mailing Address:

1889 LAKESIDE DRIVE S 1889 SPRING BROOK RD

FERNANDINA BEACH, FL 32034 US 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: Name and Address of New Registered Agent:

NEUSS, BILL SCHWEITZER, RICHARD A 1883 LAKESIDE DR NORTH SCHWEITZER, RICHARD A 1889 SPRING BROOK RD.

FERNANDINA BEACH, FL 32034 US 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: S () Delete Title: P (X) Change () Addition

Name: ERICKSON, BILL Name: NEUSS, BILL

Address: 2194 LAKESIDE DR EAST Address: 1883 LAKESIDE DR. N.

City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD () Delete Title: () Change () Addition

 Name:
 MADY, JAMES
 Name:

 Address:
 2411 LAKESIDE DR E
 Address:

 City-St-Zip:
 FERNANDINA BEACH, FL 32034
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 SCHWEITZER, RICHARD
 Name:

 Address:
 1889 SPRINGBROOK DR N
 Address:

 City-St-Zip:
 FERNANDINA BEACH, FL 32034
 City-St-Zip:

Title: P (X) Delete Title: () Change () Addition

 Name:
 NEUSS, BILL
 Name:

 Address:
 1883 LAKESIDE DR. N.
 Address:

 City-St-Zip:
 FERNANDINA BEACH, FL 32034
 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