

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003729

FILED  
Feb 01, 2010  
Secretary of State

**Entity Name:** EAGLE HARBOR ASSOCIATION, INC.

**Current Principal Place of Business:**

5000-18 HIGHWAY 17  
267  
FLEMING ISLAND, FL 32003 US

**New Principal Place of Business:**

**Current Mailing Address:**

5000-18 HIGHWAY 17  
267  
FLEMING ISLAND, FL 32003 US

**New Mailing Address:**

**FEI Number:** 59-3198197      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PARACLETE SVCS, LLC  
5000-18 HIGHWAY 17  
#267  
FLEMING ISLAND, FL 32003 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: D  
Name: KARLSON, GRAYDON L  
Address: PO BOX 9796  
City-St-Zip: FLEMING ISLAND, FL 32006 US

Title: D  
Name: WATERHOUSE, REGINA S  
Address: PO BOX 9796  
City-St-Zip: FLEMING ISLAND, FL 32006

Title: D  
Name: IGNELZI, RICK  
Address: PO BOX 9796  
City-St-Zip: FLEMING ISLAND, FL 32006 US

Title: D  
Name: JANOLINO, SUZANNE  
Address: PO BOX 9796  
City-St-Zip: FLEMING ISLAND, FL 32006 US

Title: D  
Name: O'CONNER, JOHN  
Address: PO BOX 9796  
City-St-Zip: FLEMING ISLAND, FL 32006 US

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: GRAYDON KARLSON

D

02/01/2010

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

\_\_\_\_\_  
Date