

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90038 034 ****61.25

DOCUMENT # N94000001479

1. Entity Name
EGANS LANDING OWNERS ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 16175
FERNANDINA BEACH, FL 32035 US**

Mailing Address
**P.O. BOX 16175
FERNANDINA BEACH, FL 32035 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3288572

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COONEY, JOHN M PRES.
3020 ROBERT OLIVER AVE.
FERNANDINA BEACH, FL 32034**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

**T
WELLS, ROBERT L
2884 ROBERT OLIVER AVE.
FERNANDINA BEACH, FL 32034**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
STETZER, EDWARD
2901 ROBERT OLIVER AVE
FERNANDINA BEACH, FL 32034**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
CAVALLARO, LAUREL D
3021 ROVER OLIVER AVE.
FERNANDINA BEACH, FL 32034**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
SINGLETON, RONALD
2886 ROBERT OLIVER AVE
FERNANDINA BEACH, FL 32034**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
COONEY, JOHN
3020 ROBERT OLIVER AVE.
FERNANDINA BEACH, FL 32034**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
PETERS, JUNE D
2587 ROBERT OLIVER AVE
FERNANDINA BEACH, FL 32034**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
DELANEY, JOHN
2495 ROBERT OLIVER AVE.
FERNANDINA BEACH, FL 32034**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Robert L. Wells, Jr.
ROBERT L. WELLS, JR

3-23-08

904-491-6166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #