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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:23

DOCUMENT # **N19587** **(7)**

1. Corporation Name

EAGLETON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7100 FAIRWAY DR #29-30 PALM BCH GRDNS FL 33418	7100 FAIRWAY DR #29-30 PALM BCH GRDNS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1987
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0080387 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

QUEEN, SUSAN M
7100 FAIRWAY DR STE 29
1555 PALM BEACH LAKES BLVD.
PALM BCH GDNS FL 33418

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	LANSAT, JOEL	12 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE, 29	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WISNER, EARL	22 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE, 29	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	TAUB, BERNARD	32 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CASCARDI, JULIAN	42 NAME	
STREET ADDRESS	7100 FAIRWAY DR #29	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	KURLAND, JOANNE	52 NAME	
STREET ADDRESS	7100 FAIRWAY DR / STE - 29	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	SETTEDUCATE, FRANK	62 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE / STE - 29	63 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDEN FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: F. E. Wisner F. E. WISNER 3/28/95 (407)624-5031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011686