

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33418-3777

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1987		3a. Date of Last Report 04/24/1996	
21	26	4. FEI Number 65-0080387		Applied For		Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
QUEEN, SUSAN M 7100 FAIRWAY DR STE 29 1855 PALM BEACH LAKES BLVD. PALM BCH GDNS FL 33418				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANSAT, JOEL	1.2 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE, 29	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON PEGG	2.2 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE, 29	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUB, BERNARD	3.2 NAME	Connie Premuroso, Connie
STREET ADDRESS	7100 FAIRWAY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASCARDI, JULIAN	4.2 NAME	Donald Minch, Donald
STREET ADDRESS	7100 FAIRWAY DR #29	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURLAND, JOANNE	5.2 NAME	
STREET ADDRESS	7100 FAIRWAY DR / STE - 29	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETTEDUCATE, FRANK	6.2 NAME	
STREET ADDRESS	7100 FAIRWAY DRIVE / STE - 29	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDEN FL	6.4 CITY-ST-ZIP	

14. I do 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 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 _____ DATE 3/24/97

CR2E037 (9/96)