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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19587

SHARON PEGG

7100 FAIRWAY DRIVE, 29

PREMUROSO, CONNIE

7100 FAIRWAY DRIVE

7100 FAIRWAY DR #29

PALM BCH GDNS FL

KURLAND, JOANNE

MINCH, DONALD

PALM BEACH GARDENS FL

PALM BEACH GARDENS FL

7100 FAIRWAY DR / STE - 29

7100 FAIRWAY DRIVE / STE - 29

PALM BEACH GARDENS FL

SETTEDUCATE, FRANK

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

(7)

EAGLETON HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address | | | |
|---|--|--|---|---|
| 7100 FAIRWAY DR #29-30 PALM BCH GRONS FL 33418 | 7100 FAIRWAY DR #29-30 PALM BCH GRDNS FL 33418 | | 3. Date Incorporated or Qualified 03/09/1987 4. FEI Number 65-0080387 | Applied For |
| 2. Principal Place of Business 21 300 AVENUE OF CHAMPIONS Suite, Apt. #, etc. | 2a. Mailing Address 26 300 AVENUE OF Suite, Apt. #, etc. | CHAMPIONS | 5 Contificate of Status Desired | \$8.75 Additional Fee Required \$5.00 May Be |
| 22 City & State Cardens, FT, Zip Country 24 33418 25 USA | 27 City & State 28 PAIM BEACH GA Zip 29 33418 30 | Country | 8. This corporation owes or has paid the curr |] No |
| 9. Name and Address of Curi | | | 10. Name and Address of New Registered A | gent |
| 7100 FAIRWAY DR STE 29 1555 PALM BEACH LAKES BLVD. PALM BCH GDNS FL 33418 84 City | | | Address (P.O. Box Number is Not Acceptable) AVENUE OF CHAMPIONS M BEACH GARDENS FL corporation submits this statement for the purpose of oration's board of directors. I hereby accept the apport | 85 Zip Code 33418 changing its registered intrnent as registered |
| SIGNATURE Signature, typed or printed name of registered | | a Statutes. gistered Agent signature of | | |
| TITLE DP NAME LANSAT, JOEL STREET ADDRESS 7100 FAIRWAY DRIVE, 29 CITY-ST-ZIP PALM BEACH GARDENS FI | ☐ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | Change Addition |
| TITLE VD | DELETE | 2.1 TITLE | | v Change Addition |

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

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2.3 STREET ADDRESS

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4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

City-st-zip

14. I hereby certify that the information supplied with this filling 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 simplal 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 of 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 attamptent with an address.

SIGNATURE:

haron flyg

H-23-91

300 AVENUE OF CHAMPIONS

FILED

Apr 30 1998 8:00am

Secretary of State

E037 (10/97)

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