

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N19587

1. Corporation Name

EAGLETON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business  
300 AVENUE OF CHAMPIONS  
PALM BCH GRDNS FL 33418  
US

Mailing Address  
300 AVENUE OF CHAMPIONS  
PALM BCH GRDNS FL 33418  
US

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90025 050 \*\*\*\*70.00



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                              |  |                                                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 2a. Mailing Address                                          |  | 3. Date Incorporated or Qualified<br>03/09/1987                                                             |  |
| 21 Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 26 Suite, Apt. #, etc.                                       |  | 4. FEI Number<br>65-0080387                                                                                 |  |
| 22 City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 27 City & State                                              |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required         |  |
| 23 Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 28 Zip Country                                               |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 29                                                           |  | 30                                                                                                          |  |
| 9. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                              |  | 10. Name and Address of New Registered Agent                                                                |  |
| QUEEN, SUSAN M<br>300 AVENUE OF CHAMPIONS<br>PALM BCH GRDNS FL 33418                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                              |  | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 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) |  |                                                                                                             |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12        |  |                                                                                                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 1.1 TITLE                                                    |  |                                                                                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 1.2 NAME                                                     |  |                                                                                                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 1.3 STREET ADDRESS                                           |  |                                                                                                             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 1.4 CITY-ST-ZIP                                              |  |                                                                                                             |  |
| 2.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 2.2 NAME                                                     |  |                                                                                                             |  |
| 2.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 2.4 CITY-ST-ZIP                                              |  |                                                                                                             |  |
| 3.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 3.2 NAME                                                     |  |                                                                                                             |  |
| 3.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 3.4 CITY-ST-ZIP                                              |  |                                                                                                             |  |
| 4.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 4.2 NAME                                                     |  |                                                                                                             |  |
| 4.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 4.4 CITY-ST-ZIP                                              |  |                                                                                                             |  |
| 5.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 5.2 NAME                                                     |  |                                                                                                             |  |
| 5.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 5.4 CITY-ST-ZIP                                              |  |                                                                                                             |  |
| 6.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 6.2 NAME                                                     |  |                                                                                                             |  |
| 6.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 6.4 CITY-ST-ZIP                                              |  |                                                                                                             |  |

| TITLE | NAME               | STREET ADDRESS                                   | CITY-ST-ZIP | DELETE                              |
|-------|--------------------|--------------------------------------------------|-------------|-------------------------------------|
| DP    | LANSAT, JOEL       | 300 AVENUE OF CHAMPIONS<br>PALM BEACH GARDENS FL |             | <input type="checkbox"/>            |
| VD    | SHARON PEGG        | 300 AVENUE OF CHAMPIONS<br>PALM BEACH GARDENS FL |             | <input type="checkbox"/>            |
| D     | PREMUROSO, CONNIE  | 300 AVENUE OF CHAMPIONS<br>PALM BEACH GARDENS FL |             | <input type="checkbox"/>            |
| D     | MINCH, DONALD      | 300 AVENUE OF CHAMPIONS<br>PALM BCH GRDNS FL     |             | <input checked="" type="checkbox"/> |
| S     | KURLAND, JOANNE    | 300 AVENUE OF CHAMPIONS<br>PALM BEACH GARDENS FL |             | <input type="checkbox"/>            |
| T     | SETTEDECATE, FRANK | 300 AVENUE OF CHAMPIONS<br>PALM BEACH GARDEN FL  |             | <input type="checkbox"/>            |

14. I 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, director, or an attachment with an address, with all other like empowered.

May 7, 1999 561-621-3  
Daytime Phone #