2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90149 001 ****61.25
04-16-2004 90149 002 *****8.75

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03112004 Chg-NP CR2E037 (10/03)

DOCUMENT # N19587

1. Entity Name
EAGLETON HOMEOWNERS ASSOCIATION, INC.

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0080387 ☐ 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
QUEEN, SUSAN M 300 AVENUE OF CHAMPIONS PALM BCH GDNS, FL 33418	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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	PTD GALLUCCI, JOE 300 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Tom Murphy 300 Ave of Champions PBG FL 33418	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHARON PEGG 300 AVENUE OF CHAMPIONS WEST PALM BEACH, FL 33418	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Jacupke 300 Ave of Champions PBG FL 33418	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHANDLER, JOHN 300 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Steinhardt 300 Ave of Champions PBG FL 33418	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GODLIN, HAL 300 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Richard Williams 300 Ave of Champions PBG FL 33418	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PFLUGEL, DIANE 300 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PFLUGEL, GEORGE 300 AVENUE OF CHAMPIONS PALM BEACH GARDENS, FL 33418	☑ 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 exemption stated in Section 119.07(3)(i), 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: Joseph Gallucci / Joseph GALLUCCI 3/24/04 (561)625-8588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #