

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 27 AM 10:59

DOCUMENT # **N41539** (0)  
1. Corporation Name  
**EAGLETON POINTE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1555 PALM BEACH LAKES BLVD** **1555 PALM BEACH LAKES BLVD**  
**SUITE 100** **SUITE 100**  
**WEST PLAM BEACH FL 33401** **WEST PLAM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/07/1991</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0237475</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent  
**SOLOMON, DENNIS M**  
**1555 PALM BEACH LAKES BLVD**  
**SUITE 1100**  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
81 Name **Llwyd E. Ecclestone III**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1555 Palm Beach Lakes Blvd**  
83  
84 City **West Palm Beach** FL 85 Zip Code **33401**

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 *[Signature]* DATE **3/3/95**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>ECCLESTONE, LLWYD, III</b> <b>1555 PALM BCH LAKES BLVD</b> <b>WEST PALM BCH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>JERMAN, RICHARD A</b> <b>1555 PALM BCH LAKES BLVD</b> <b>WEST PALM BCH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>BRENNER, MICHAEL</b> <b>1555 PALM BCH LAKES BLVD</b> <b>WEST PALM BCH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>ECCLESTONE, E. L. J</b> <b>1555 PALM BEACH LAKES BLVD</b> <b>W. PALM BEACH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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 applicable, or as an attachment with no address.

SIGNATURE: *[Signature]* DATE **3-3-95** 407-627-1270