

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified: **01/07/1991**
3a. Date of Last Report: **03/27/1995**
4. FEI Number: **65-0237475**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**ECCLESTONE, LLWYD E III
1555 PALM BEACH LAKES BLVD
WEST PALME BEACH FL 33401**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ECCLESTONE, LLWYD, III	
STREET ADDRESS	1555 PALM BCH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JERMAN, RICHARD A	
STREET ADDRESS	1555 PALM BCH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRENNER, MICHAEL	
STREET ADDRESS	1555 PALM BCH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ECCLESTONE, E. L. J	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Addition
2.2 NAME	Ron Cooper
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nannette Gannon
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 119.07(3)(k), 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: Ron Cooper *Ron Cooper* Date: 4/1/96 Daytime Phone #: 407/686-2000

CR2E037 (12/95)