


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90003 050 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41539**

1. Corporation Name  
**EAGLETON POINTE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 1555 PALM BEACH LAKES BLVD SUITE 100 WEST PALM BEACH FL 33401	Mailing Address 1555 PALM BEACH LAKES BLVD SUITE 100 WEST PALM BEACH FL 33401
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**300 Ave. of The Champions  
 Palm Beach Gardens, Florida 33418**

21 Principal Place of Business Suite, Apt. #, etc.	2a Mailing Address Suite, Apt. #, etc.	3 Date Incorporated or Qualified 01/07/1991	4 FEI Number 65-0237475	Applied For <input type="checkbox"/> Not Applicable
23 City & State	28 City & State PALM BEACH GARDENS, FL	5 Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip 33418	29 Zip 33418	30 Country USA		

9. Name and Address of Current Registered Agent ECCLESTONE, LLWYD E-III 1555 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33401		10. Name and Address of New Registered Agent 81 Name Susan M. Queen 82 Street Address (P.O. Box Number is Not Acceptable) 300 Ave. of The Champions 83 Palm Beach Gardens 84 City Florida 85 Zip Code FL 33418		
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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: \_\_\_\_\_ DATE: 7/13/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DELETE <input checked="" type="checkbox"/>	1.1 TITLE President	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME ECCLESTONE, LLWYD, III		1.2 NAME William Young	
STREET ADDRESS 1555 PALM BCH LAKES BLVD		1.3 STREET ADDRESS 300 AVE OF CHAMPIONS	
CITY-ST-ZIP WEST PALM BCH FL		1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	
TITLE VD	DELETE <input checked="" type="checkbox"/>	2.1 TITLE VICE PRESIDENT	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME RON COOPER		2.2 NAME ROBERT MORE	
STREET ADDRESS 1555 PALM BCH LAKES BLVD		2.3 STREET ADDRESS 300 AVE OF CHAMPIONS	
CITY-ST-ZIP WEST PALM BCH FL		2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	
TITLE SD	DELETE <input checked="" type="checkbox"/>	3.1 TITLE TREASURER	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME NANNETTE GAMMON		3.2 NAME GEORGE MILLER	
STREET ADDRESS 1555 PALM BCH LAKES BLVD		3.3 STREET ADDRESS 300 AVE OF CHAMPIONS	
CITY-ST-ZIP WEST PALM BCH FL		3.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	
TITLE T	DELETE <input checked="" type="checkbox"/>	4.1 TITLE SECRETARY	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME ECCLESTONE, E. L. J		4.2 NAME JOAN ELIAS	
STREET ADDRESS 1555 PALM BEACH LAKES BLVD		4.3 STREET ADDRESS 300 AVE OF CHAMPIONS	
CITY-ST-ZIP W. PALM BEACH FL		4.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	
TITLE	DELETE <input type="checkbox"/>	5.1 TITLE DIRECTOR	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME ROBERT BROWN	
STREET ADDRESS		5.3 STREET ADDRESS 300 AVE OF CHAMPIONS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE DIRECTOR	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME JOSEPH OTTAVIANO	
STREET ADDRESS		6.3 STREET ADDRESS 300 AVE OF CHAMPIONS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	

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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED DATE: 7/13/99 DAYTIME PHONE # \_\_\_\_\_

CR2E037 (5/99)