

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90085 030 ****70.00

DOCUMENT # N41539

1. Entity Name

EAGLETON POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**300 AVE OF THE CHAMPIONS
 PALM BEACH GARDENS FL 33418
 US**

Mailing Address

**300 AVE OF THE CHAMPIONS
 PALM BEACH GARDENS 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

65-0237475

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 AVE OF THE CHAMPIONS
 PALM BEACH GARDENS 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	YOUNG, WILLIAM	
STREET ADDRESS	300 AVE OF CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORE, ROBERT	
STREET ADDRESS	300 AVE OF CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MILLER, GEORGE	
STREET ADDRESS	300 AVE OF CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELIAS, JOAN	
STREET ADDRESS	300 AVE OF CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, ROBERT	
STREET ADDRESS	300 AVE OF CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	OTTAVANIO, JOESPH	
STREET ADDRESS	300 AVE OF CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly, James	
STREET ADDRESS	300 Avenue of Champions	
CITY-ST-ZIP	Palm Beach Gardens FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **WILLIAM W. YOUNG** *William W. Young*

4/3/02 **561-625-8588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)