

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41539

FILED  
Mar 17, 2010  
Secretary of State

**Entity Name:** EAGLETON POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O UNITED COMMUNITY MGT. CORP.  
11784 W. SAMPLE ROAD, # 103  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O UNITED COMMUNITY MGT. CORP.  
11784 W. SAMPLE ROAD, # 103  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

**FEI Number:** 65-0237475      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED COMMUNITY MANAGEMENT CORP.  
11784 W. SAMPLE ROAD, # 103  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MORE, ROBERT  
Address: 715 PINEHURST WAY  
City-St-Zip: PALM BEACH GARDEN, FL 33418

Title: D  
Name: MOTTLE, JOSEPH  
Address: 907 AUGUSTA POINTE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP  
Name: SLEPAKOFF, PAUL  
Address: 709 PINEHURST WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S  
Name: ELIAS, JOAN  
Address: 1009 DIAMOND HEAD WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T  
Name: BROWN, ROBERT  
Address: 1204 GENERAL POINTE TRACE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: PD  
Name: SEDITA, THOMAS  
Address: 1024 DIAMOND HEAD WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY LOU PALMER

AGT

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date