


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90358 011 ****61.25

DOCUMENT # 720783			
1. Entity Name ETON HOUSE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4700 PIONSETTIA AVENUE WEST PALM BEACH, FL 33407-2209 US		Mailing Address 225 SOUTHERN BLVD #200 WEST PALM BEACH, FL 33405 US	
2. Principal Place of Business		3. Mailing Address <i>225 Southern Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>202</i>	
City & State		City & State <i>West Palm Beach, FL</i>	
Zip	Country	Zip <i>33405</i>	Country <i>USA</i>
4. Certificate of Status Desired <input type="checkbox"/>		FEI Number 59-1444269	
Applied For		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALATA, KATHY 224 BLOOMFIELD DR, SUITE 3 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Nr <i>Kathleen Salata</i> Street Address (P.O. Box Number is Not Acceptable) <i>225 Southern Blvd</i> <i>Suite 202</i> City <i>West Palm Beach FL</i> Zip Code <i>33405</i>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Kathleen Salata</i>		Property <i>Deputy</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYLES, WILLIAM 4700 POINSETTIA AVENUE, #110 WEST PALM BEACH, FL 33405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP William Bayles 4700 Poinsettia Ave #110 W.P.B. FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLITT, JANET 4700 NO. FLAGLER, #204 WEST PALM BEACH, FL 33405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNKLEY, HANNY 4700 NO. FLAGLER DR., #106 WEST PALM BEACH, FL 33405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BREIN, TOM 505 3RD ST WEST PALM BEACH, FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Tom O'Brian 505 3rd St W.P.B. FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Heidi Patchin 1424 N Federal Hwy Lake Worth, FL 33468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Janet Plitt</i>		Date <i>2.10.2006</i> Daytime Phone # <i>5613510184</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	