


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90028 036 \*\*\*\*61.25

<b>DOCUMENT # N06400</b> 1. Entity Name <b>THE EATON AT HAMPTONS WEST CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>PHOENIX MANAGEMENT</b> <b>4800 N STATE RD 7 #F105</b> <b>FORT LAUDERDALE, FL 33319 US</b>			Mailing Address <b>PHOENIX MANAGEMENT</b> <b>4800 N STATE RD 7 #F105</b> <b>FORT LAUDERDALE, FL 33319 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2516766</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PHOENIX MANAGEMENT SERVICE</b> <b>4800 N. STATE RD 7</b> <b>STE F 150</b> <b>FORT LAUDERDALE, FL 33319</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD <input type="checkbox"/> Delete		TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HONNAKEN, CARL		NAME	William C Jayne	
STREET ADDRESS	8040 HAMPTONS BLVD		STREET ADDRESS	8040 HAMPTONS	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068		CITY-ST-ZIP	North Lauderdale, FL 33068	
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEARLMAN, EVELYN		NAME		
STREET ADDRESS	8040 HAMPTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	N LAUDERDALE, FL 33068		CITY-ST-ZIP		
TITLE	Vice President <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIS, RICK		NAME		
STREET ADDRESS	8040 HAMPTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>1/14/08</b>		Daytime Phone #: <b>954-721-8778</b>