


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90083 006 \*\*\*\*70.00

<b>DOCUMENT # N19587</b> 1. Entity Name <b>EAGLETON LAKES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>300 AVENUE OF CHAMPIONS PALM BCH GRDNS, FL 33418 US</b>			Mailing Address <b>300 AVENUE OF CHAMPIONS PALM BCH GRDNS, FL 33418 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		Country		4. FEI Number <b>65-0080387</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>QUEEN, SUSAN M 300 AVENUE OF CHAMPIONS PALM BCH GRDNS, FL 33418</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. 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 Due by May 1, 2007</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, RICHARD 300 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President + Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Joseph Gallucci</b> <b>321 Eagleton Golf Dr.</b> <b>Palm Beach Gardens FL 33418</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PFLUGER, DIANE 300 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John Chandler</b> <b>224 Eagleton Lakes Boulevard</b> <b>Palm Beach Gardens FL 33418</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L JOHANNSEN, JOHN 300 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John Jacupke</b> <b>206 Eagleton Lakes Boulevard</b> <b>Palm Beach Gardens FL 33418</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGELSHER, MIKE 300 AVE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Robert Guarino</b> <b>205 Eagleton Lakes Blvd</b> <b>Palm Beach Gardens FL 33418</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOTORIO, JIM 300 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUEDELMAN, JOSEPH 300 AVENUE OF CHAMPIONS PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 as an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Joseph Gallucci</i> <b>Joseph Gallucci</b>			Date <b>4/19/07</b> Daytime Phone # <b>(561) 625-8588</b>		