

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90015 013 \*\*\*\*70.00

**DOCUMENT # N19587**

1. Entity Name  
**EAGLETON LAKES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**300 AVENUE OF CHAMPIONS  
PALM BCH GRDNS, FL 33418 US**

Mailing Address  
**300 AVENUE OF CHAMPIONS  
PALM BCH GRDNS, FL 33418 US**

**40063668**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0080387**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 AVENUE OF CHAMPIONS  
PALM BCH GDNS, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
VP  
**WILLIAMS, RICHARD** ☐ Delete  
**300 AVENUE OF THE CHAMPIONS  
PALM BEACH GARDENS, FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
**PFLUGER, DIANE** ☐ Delete  
**300 AVE OF CHAMPIONS  
PALM BEACH GARDENS, FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
**JACUPKE, JOHN** ☐ Delete  
**206 EAGLE INKES BLVD  
PALM BEACH GARDENS, FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**300 Avenue of the Champions #120**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
**ENGELSHER, MIKE** ☐ Delete  
**300 AVE OF THE CHAMPIONS  
PALM BEACH GARDENS, FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**President / Treasurer  
Joseph Gallucci  
300 Avenue of the Champions #120  
Palm Beach Gardens FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
**NOTORIO, JIM** ☐ Delete  
**300 AVENUE OF THE CHAMPIONS  
PALM BEACH GARDENS, FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**Director  
Donna Testa  
300 Avenue of the Champions #120  
Palm Beach Gardens FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
**NUDELMAN, JOSEPH** ☐ Delete  
**300 AVENUE OF CHAMPIONS  
PALM BEACH GARDENS, FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**Director  
David Robb  
300 Avenue of the Champions #120  
Palm Beach Gardens FL 33418**

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:** *Joseph Gallucci* **Joseph GALLUCCI** 4/8/08 (561) 625-7578  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #