


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N19587 1. Entity Name EAGLETON LAKES HOMEOWNERS ASSOCIATION, INC.				FILED 09 JAN -6 PM 4: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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			
2. Principal Place of Business - No P.O. Box # United Community Mgt. Corp. 11784 W. Sample Rd.		3. Mailing Address 11784 W. Sample Rd.			
Suite, Apt. #, etc. #103		Suite, Apt. #, etc. #103			
City & State Coral Springs, FL		City & State Coral Springs, FL		4. FEI Number 65-0080387	
Zip 33065		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUEEN, SUSAN M 300 AVENUE OF CHAMPIONS PALM BCH GRDNS, FL 33418				7. Name and Address of New Registered Agent Name United Community Mgt. Corp Street Address (P.O. Box Number is Not Acceptable) 11784 W. Sample Rd # 103 City Coral Springs FL Zip Code 33065	
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: <u>Renée Campbell V.P. Finance United Comm Mgmt 12/20/08</u> <small>Signed and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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 VP NAME WILLIAMS, RICHARD STREET ADDRESS 300 AVENUE OF THE CHAMPIONS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete		TITLE President NAME Joseph Galucci STREET ADDRESS 300 Avenue of the Champions, Sk 120 CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME PFLUGER, DIANE STREET ADDRESS 300 AVE OF CHAMPIONS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete		TITLE Director NAME Donna Testa STREET ADDRESS 300 Avenue of the Champions, Sk 120 CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME JACUPKE, JOHN STREET ADDRESS 300 AVENUE OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete		TITLE Director NAME David Robb STREET ADDRESS 300 Avenue of the Champions, Sk 120 CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ENGELSHER, MIKE STREET ADDRESS 300 AVE OF THE CHAMPIONS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete		400139773074 01/06/09--01090--014 **61.25		
TITLE D NAME NOTORIO, JIM STREET ADDRESS 300 AVENUE OF THE CHAMPIONS CITY-ST-ZIP 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 D NAME NUDELMAN, JOSEPH STREET ADDRESS 300 AVENUE OF CHAMPIONS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete		12/1/14		
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: <u>Joseph Galucci Joseph GALUCCI</u> 12/24/08 (561) 625-8588 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					