
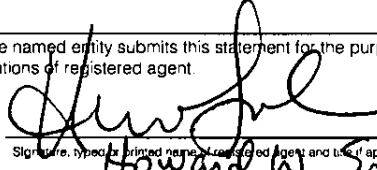
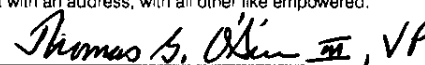


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N29906 1. Entity Name EAGLETON ESTATES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 300 AVE OF THE CHAMPIONS, STE. 120 PALM BEACH GARDENS, FL 33418 US		Mailing Address 300 AVE OF THE CHAMPIONS, STE. 120 PALM BEACH GARDENS, FL 33418 US	
2. Principal Place of Business - No P.O. Box # 11784 W. Sample Rd #103		3. Mailing Address 11784 W. Sample Rd #103	
Suite, Apt. #, etc. #103		Suite, Apt. #, etc. #103	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33065		Zip 33065	
Country USA		Country USA	
4. FEI Number 11-1111292		Applied For <input type="checkbox"/> Not Applicable	
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 AVE OF THE CHAMPIONS, STE. 120 PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent United Community Mgt Corp. 11784 W. Sample Rd #103 Coral Springs, FL 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  Signature, typed or printed name of registered agent, and title, if applicable Howard W. Solomon </div> <div style="width: 40%; text-align: right;"> President DATE 12/11/08 </div> </div>			
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 P NAME BERKLEY, PETER STREET ADDRESS 300 AVE. OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE D NAME JOHN SOLODAR STREET ADDRESS 246 EAGLETON ESTATES BLD. CITY-ST-ZIP PALM BEACH GARDENS, FL. 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME O'BRIEN, TOM STREET ADDRESS 300 AVE. OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE D NAME SONIA COFFMAN STREET ADDRESS 233 EAGLETON ESTATES BLD CITY-ST-ZIP PALM BEACH GARDENS, FL. 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME ACKERMAN-BEER, RONA STREET ADDRESS 300 AVE. OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 800139773788 01/06/09--01090--021 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME FENNON, VICTOR STREET ADDRESS 300 AVE. OF THE CHAMPIONS #120 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP \$3.14	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BONE, WALTER STREET ADDRESS 300 AVE. OF THE CHAMPIONS #120 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 LEONARD, TERESITA STREET ADDRESS 300 AVE. OF THE CHAMPIONS #120 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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Dec. 11, 2008 561-624-0175 Daytime Phone #	

FILED
09 JAN -6 PM 4: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

