


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35660 (2)
1. Corporation Name
EAGLETON COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1555 PALM BEACH LAKES BLVD. STE 1100 WEST PALM BEACH FL 33401-2339	Mailing Address 1555 PALM BEACH LAKES BLVD. STE 1100 WEST PALM BEACH FL 33401-2339
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3. Date Incorporated or Qualified

12/14/1989

4. FEI Number

65-0162709

Applied For

Not Applicable

2. Principal Place of Business 21 300 AVENUE OF CHAMPIONS Suite, Apt. #, etc. 22 City & State 23 PALM BEACH GARDENS, FL Zip 24 33418	2a. Mailing Address 26 300 AVENUE OF CHAMPIONS Suite, Apt. #, etc. 27 City & State 28 PALM BEACH GARDENS, FL Zip 29 33418
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ECCESTONE, III., E LLWYD
1555 PALM BEACH LAKES BLVD. SUITE 1100
WEST PALM BEACH FL**

81 Name SUSAN M. QUEEN
82 Street Address (P.O. Box Number is Not Acceptable) 300 AVENUE OF CHAMPIONS
83
84 City PALM BEACH GARDENS
85 Zip Code FL 33418

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPTD	<input type="checkbox"/> DELETE
NAME ECCESTONE, E. LLWYD III	
STREET ADDRESS 1555 PALM BEACH LKS BLVD	
CITY-ST-ZIP WEST PALM BEACH FL	

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME WILLIAM KEPPLER	
1.3 STREET ADDRESS 300 AVENUE OF CHAMPIONS	
1.4 CITY-ST-ZIP	

TITLE DS	<input type="checkbox"/> DELETE
NAME NANNETT GAMMON	
STREET ADDRESS 1555 PALM BCH. LAKES BLVD.	
CITY-ST-ZIP W PALM BEACH FL	

2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME ARTHUR J. COHEN	
2.3 STREET ADDRESS 300 AVENUE OF CHAMPIONS	
2.4 CITY-ST-ZIP	

TITLE DV	<input type="checkbox"/> DELETE
NAME COOPER, RON	
STREET ADDRESS 1555 PALM BEACH LAKES BLVD	
CITY-ST-ZIP W. PALM BEACH FL	

3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME DON DEWOODY	
3.3 STREET ADDRESS 300 AVENUE OF CHAMPIONS	
3.4 CITY-ST-ZIP	

TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME DON CURRIE	
4.3 STREET ADDRESS 300 AVENUE OF CHAMPIONS	
4.4 CITY-ST-ZIP	

TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME ALAN CARLIN	
5.3 STREET ADDRESS 300 AVENUE OF CHAMPIONS	
5.4 CITY-ST-ZIP	

TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME MORT LEVINE	
6.3 STREET ADDRESS 300 AVENUE OF CHAMPIONS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] **Donald K DeWoody** 4/8/98

CR2E037 (10/97)