

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90001 003 \*\*\*\*70.00

**DOCUMENT # N35660**

1. Corporation Name

**EAGLETON COVE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**300 AVENUE OF CHAMPIONS  
PALM BEACH GARDENS FL 33418  
US**

Mailing Address

**300 AVENUE OF CHAMPIONS  
PALM BEACH GARDENS FL 33418  
US**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

3. Date Incorporated or Qualified

**12/14/1989**

4. FEI Number

**65-0162709**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**QUEEN, SUSAN M  
300 AVENUE OF CHAMPIONS  
PALM BCH GARDENS FL 33418**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

☐ DELETE

**TITLE PD  
NAME KEPPLER, WILLIAM  
STREET ADDRESS 300 AVENUE OF CHAMPIONS  
CITY-ST-ZIP WEST PALM BEACH FL**

**TITLE VD  
NAME COHEN, ARTHUR J  
STREET ADDRESS 300 AVENUE OF CHAMPIONS  
CITY-ST-ZIP W PALM BEACH FL**

**TITLE TD  
NAME DEWOODY, DON  
STREET ADDRESS 300 AVENUE OF CHAMPIONS  
CITY-ST-ZIP W. PALM BEACH FL**

**TITLE SD  
NAME CURRIE, DON  
STREET ADDRESS 300 AVENUE OF CHAMPIONS  
CITY-ST-ZIP W PALM BCH FL**

**TITLE D  
NAME CARLIN, ALAN  
STREET ADDRESS 300 AVENUE OF CHAMPIONS  
CITY-ST-ZIP W PALM BCH FL**

**TITLE D  
NAME LEVINE, MORT  
STREET ADDRESS 300 AVENUE OF CHAMPIONS  
CITY-ST-ZIP W PALM BCH FL**

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP**

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP**

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

**D  
Sason, Bailey**

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, with all other like empowered.

SIGNATURE:

**SIGNATURE** *[Signature]*

Date

Daytime Phone #

CR2E037 (11/98)