


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90218 044 ****70.00

DOCUMENT # N35660	
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 65-0162709	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 BEACH GARDENS 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 constituting) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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	PD	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEPPLER, WILLIAM		NAME	Andrew, Herb	
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS	434 Eagleton Cove Way	
CITY-ST-ZIP	WEST PALM BEACH FL 33418		CITY-ST-ZIP	PBG, FL 33418	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZMAN, JOAN		NAME	Kurtzman, Joan	
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS	517 Eagleton Cove Trace	
CITY-ST-ZIP	WEST PALM BEACH FL 33418		CITY-ST-ZIP	PBG, FL 33418	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERB, ANDREW		NAME	KEPPLER, WILLIAM	
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS	407 Eagleton Cove Way	
CITY-ST-ZIP	WEST PALM BEACH FL 33418		CITY-ST-ZIP	PBG, FL 33418	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWIN, LEVY		NAME	Rogers, Martin	
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS	503 Eagleton Cove Trace	
CITY-ST-ZIP	WEST PALM BEACH FL 33418		CITY-ST-ZIP	PBG, FL 33418	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLIN, ALAN		NAME	Zimmerman, Joseph	
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS	427 Eagleton Cove Way	
CITY-ST-ZIP	WEST PALM BEACH FL 33418		CITY-ST-ZIP	PBG, FL 33418	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMCKER, DUANE		NAME		
STREET ADDRESS	300 AVENUE OF CHAMPIONS		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33418		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Herb Andrew 17 April '06