


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90815 050 \*\*\*\*70.00

**DOCUMENT # N35660**  
 1. Entity Name  
**EAGLETON COVE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**300 AVENUE OF CHAMPIONS**      **300 AVENUE OF CHAMPIONS**  
**PALM BEACH GARDENS, FL 33418 US**      **PALM BEACH GARDENS, FL 33418 US**

**40091925**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04182007    Chg-NP    CR2E037 (12/06)

4. FEI Number      Applied For  
**65-0162709**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**QUEEN, SUSAN M**  
**300 AVENUE OF CHAMPIONS**  
**PLAM BCH GARDENS, FL 33418**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**      **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	T	<input type="checkbox"/> Delete
NAME	KEPLER, WILLIAM	
STREET ADDRESS	407 EAGLETON COVE WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33418	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	KURTZMAN, JOAN	
STREET ADDRESS	517 EAGLETON COVE TRACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33418	
TITLE	P	<input type="checkbox"/> Delete
NAME	HERB, ANDREW	
STREET ADDRESS	434 EAGLETON COVE WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWIN, LEVY	
STREET ADDRESS	300 AVENUE OF CHAMPIONS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33418	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARLIN, ALAN	
STREET ADDRESS	300 AVENUE OF CHAMPIONS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	(Director) Joseph Zimonis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	427 Eagleton Cove Way	
STREET ADDRESS	Palm Beach Gardens FL 33418	
CITY-ST-ZIP		
TITLE	(Director) Martin Rodgers	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	406 Eagleton Cove Trace	
STREET ADDRESS	Palm Beach Gardens FL 33411	
CITY-ST-ZIP		
TITLE	(Director) Marsha Boyes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	406 Eagleton Cove Way	
STREET ADDRESS	Palm Beach Gardens FL 33411	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Alan H. Carlin      4/25/07      \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #