

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90034 031 ****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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
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				04012008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent QUEEN, SUSAN M 300 AVENUE OF CHAMPIONS PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300 Avenue of the Champions #120 City Palm Beach Gardens 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 \$81.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	T KEPLER, WILLIAM 407 EAGLETON COVE WAY WEST PALM BEACH, FL 33418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director 300 Avenue of the Champions #120 Palm Beach Gardens FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMONIS, JOSEPH 427 EAGLETON COVE WAY PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer 300 Avenue of the Champions #120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERB, ANDREW 434 EAGLETON COVE WAY WEST PALM BEACH, FL 33418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 300 Avenue of the Champions #120 Palm Beach Gardens FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWIN, LEVY 300 AVENUE OF CHAMPIONS WEST PALM BEACH, FL 33418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 Avenue of the Champions #120 Palm Beach Gardens FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARLIN, ALAN 300 AVENUE OF CHAMPIONS WEST PALM BEACH, FL 33418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 Avenue of the Champions #120 Palm Beach Gardens FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, MARTIN 406 EAGLETON COVE TRACE ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 Avenue of the Champions #120 Palm Beach Gardens FL 33418
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: <u>116. Andre</u> <u>4/7/08</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40064844



ATTACHMENT

40064844

Additions to Document #N35660

Eagleton Cove Homeowners Association, Inc.

ADD: Director

Marsha Boyes

300 Avenue of the Champions, #120

Palm Beach Gardens, FL 33418