

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35660

FILED  
Apr 15, 2011  
Secretary of State

**Entity Name:** EAGLETON COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O UNITED COMMUNITY MANAGEMENT CORP.  
11784 W. SAMPLE ROAD, #103  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O UNITED COMMUNITY MANAGEMENT CORP.  
11784 W. SAMPLE ROAD, #103  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

**FEI Number:** 65-0162709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED COMMUNITY MANAGEMENT CORP.  
11784 W. SAMPLE ROAD, #103  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KEPLER, WILLIAM  
Address: 407 EAGLETON COVE WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TD  
Name: ZIMONIS, JOSEPH  
Address: 427 EAGLETON COVE WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: PD  
Name: HERB, ANDREW  
Address: 434 EAGLETON COVE WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D  
Name: GOLDSTEIN, ALAN  
Address: 430 EAGLETON COVE WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VPD  
Name: CARLIN, ALAN  
Address: 510 EAGLETON COVE WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VPD  
Name: CARLIN, ALAN  
Address: 510 EAGLETON COVE TRACE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JILL SAUNDERS

AGT

04/15/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date