

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90203 011 \*\*\*\*70.00

<b>DOCUMENT # N41539</b> 1. Entity Name <b>EAGLETON POINTE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>300 AVE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418 US</b>			Mailing Address <b>300 AVE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0237475</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>QUEEN, SUSAN M 300 AVE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SEDITA, THOMAS 300 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President ROBERT MORE 715 Pinehurst Way Palm Beach Garden FL 33411</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>MORE, ROBERT 300 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Joseph Mottle 907 Augusta Pointe Drive Palm Beach Gardens FL 33418</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ALBA, EVELYN 300 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director PAUL Slepakoff 709 Pinehurst Way Palm Beach Garden FL 33408</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>ELIAS, JOAN 300 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BROWN, ROBERT 300 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ANDERSON, CHARLE 300 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Robert Brown Robert Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		

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