


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N41539</b> 1. Entity Name <b>EAGLETON POINTE HOMEOWNERS ASSOCIATION, INC.</b>	
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FILED  
08 DEC 30 PM 12: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10182008 Chg-NP CR2E037 (12/06)

Principal Place of Business <b>300 AVE. OF THE CHAMPIONS</b> <b>PALM BEACH GARDENS, FL 33418</b> US	Mailing Address <b>300 AVE. OF THE CHAMPIONS</b> <b>STE. 120</b> <b>PALM BEACH GARDENS, FL 33418</b> US
<b>United Community Mgt. Corp.</b>	
2. Principal Place of Business - No P.O. Box # <b>11784 W. Sample Rd</b> Suite, Apt. #, etc. <b>#103</b>	3. Mailing Address <b>11784 W. Sample Rd</b> Suite, Apt. #, etc. <b>#103</b>
City & State <b>Coral Springs, FL</b>	City & State <b>Coral Springs, FL</b>
Zip <b>33065</b>	Zip <b>33065</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0237475</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>QUEEN, SUSAN M</b> <b>300 AVE OF THE CHAMPIONS</b> <b>STE. 120</b> <b>PALM BEACH GARDENS, FL 33418</b>	7. Name and Address of New Registered Agent  Name <b>United Community Mgt. Corp</b> Street Address (P.O. Box Number is Not Acceptable) <b>11784 W. Sample Rd #103</b> City <b>Coral Springs</b> FL Zip Code <b>33065</b>
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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 Denise Campbell U.P. Finance United Community Mgt Corp 12/23/08 DATE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																				
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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: Robert Brown Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR