


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90064 010 ****61.25

0043056

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732603

1. Corporation Name
VIA VERDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: RMC, INC., 1 N. OCEAN BLVD., STE 7, BOCA RATON FL 33431, US

Mailing Address: 23123 STATE RD 7, SUITE 350-A, BOCA RATON FL 33428, US



2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 04/29/1975

4. FEI Number: 59-1803800 Applied For: Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PALOMBI, GARY
% RESIDENTIAL MANAGEMENT CONCEPTS
23123 STATE RD 7., SUITE 350-A
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both; in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BARTKOW, DAN		1.2 NAME: Kohlman, LNA	
STREET ADDRESS: 6045 S. VERDE TRAIL		1.3 STREET ADDRESS: 6400 Sweet Maple Lane	
CITY-ST-ZIP: BOCA RATON FL		1.4 CITY-ST-ZIP: BOCA RATON FL 33433	
TITLE: D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MARTIN GARELICK		2.2 NAME: Kehoe, Cindy	
STREET ADDRESS: 20876 DEL LUNA DR		2.3 STREET ADDRESS: 20876 Del Luna Drive	
CITY-ST-ZIP: BOCA RATON FL 33433		2.4 CITY-ST-ZIP: BOCA RATON FL 33433	
TITLE: PD	<input type="checkbox"/> DELETE	3.1 TITLE: T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: JOHN A MIHALIK		3.2 NAME: Sims, Lou	
STREET ADDRESS: 7290 ENCINA LANE		3.3 STREET ADDRESS: 20876 Soneto Dr	
CITY-ST-ZIP: BOCA RATON FL		3.4 CITY-ST-ZIP: BOCA RATON, FL 33433	
TITLE: VPSD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MARY ETLING		4.2 NAME: Webb, Miriam	
STREET ADDRESS: 5801-B COACH HOUSE CIRCLE		4.3 STREET ADDRESS: 21547 St. Andrews Grand Cir	
CITY-ST-ZIP: BOCA RATON FL		4.4 CITY-ST-ZIP: BOCA RATON, FL 33433	
TITLE: TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HASKEL, JOANNE		5.2 NAME:	
STREET ADDRESS: 20897 MORADA COURT		5.3 STREET ADDRESS:	
CITY-ST-ZIP: BOCA RATON FL		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A MIHALIK, PRESIDENT 4/16/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0043056