

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732603

1. Entity Name

VIA VERDE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90058 025 ****61.25

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 33428-5470
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

HAWK Eye Mgt.
 Suite, Apt. #, etc. 3901 N. Federal Hwy
 SUITE 202

3. Mailing Address

3901 N. Federal Hwy
 Suite, Apt. #, etc. SUITE 202

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

4. FEI Number

59-1803800

Applied For

Not Applicable

Zip

33431

Country

Zip

33431

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Paul Patti
 Street Address (P.O. Box Number is Not Acceptable) 410 Hawk-Eye Mgt.
 3901 North Federal Hwy Ste. 202
 City Boca Raton FL Zip Code 33431

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.

SIGNATURE

PAUL N. PATTI

Paul N. Patti

2-25-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	KOHLMAN, ULNA	
STREET ADDRESS	6400 SWEET MAPLE LANE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEHOE, CINDY	
STREET ADDRESS	20868 DEL LUNA DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHN A. MIHALIK	
STREET ADDRESS	7290 ENCINA LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMS, LOU	
STREET ADDRESS	20876 SONETO DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEBB, MIRIAM	
STREET ADDRESS	21547 ST ANDREWS GRAND CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Naylor	
STREET ADDRESS	21618 St. Andrews Blvd.	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Paul N. Patti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

Date

954-927-0600

Daytime Phone #

CR2E037 (9/99)