

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0034680

DOCUMENT # 732603

1. Entity Name

VIA VERDE HOMEOWNERS ASSOCIATION, INC.

03-29-2002 91423 023 ****61.25

Principal Place of Business

Mailing Address

HAWK EYE MGT
 3901 N FEDERAL HWY SUITE 202
 BOCA RATON FL 33431
 US

HAWK EYE MGT
 3901 N FEDERAL HWY SUITE 202
 BOCA RATON FL 33431
 US

934878



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1803800

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTI, PAUL
C/O HAWK EYE MGT
3901 NORTH FEDERAL HWY STE 202
BOCA RATON FL 33428

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VD** Delete
 NAME: **KOHLMAN, ULNA**
 STREET ADDRESS: **6400 SWEET MAPLE LANE**
 CITY-ST-ZIP: **BOCA RATON FL 33433**

TITLE: **P/D** Change Addition
 NAME: **[REDACTED]**
 STREET ADDRESS: **[REDACTED]**
 CITY-ST-ZIP: **[REDACTED]**

TITLE: **D** Delete
 NAME: **KEHOE, CINDY**
 STREET ADDRESS: **20868 DEL LUNA DR**
 CITY-ST-ZIP: **BOCA RATON FL 33433**

TITLE: Change Addition
 NAME: **[REDACTED]**
 STREET ADDRESS: **[REDACTED]**
 CITY-ST-ZIP: **[REDACTED]**

TITLE: **D** Delete
 NAME: **NAYLOR, RICHARD**
 STREET ADDRESS: **21618 ST ANDREWS BLVD**
 CITY-ST-ZIP: **BOCA RATON FL 33434**

TITLE: **T/D** Change Addition
 NAME: **[REDACTED]**
 STREET ADDRESS: **[REDACTED]**
 CITY-ST-ZIP: **[REDACTED]**

TITLE: **TSD** Delete
 NAME: **SIMS, LOU**
 STREET ADDRESS: **20876 SONETO DR**
 CITY-ST-ZIP: **BOCA RATON FL 33433**

TITLE: **S/D** Change Addition
 NAME: **[REDACTED]**
 STREET ADDRESS: **[REDACTED]**
 CITY-ST-ZIP: **[REDACTED]**

TITLE: **PD** Delete
 NAME: **WEBB, MIRIAM**
 STREET ADDRESS: **21547 ST ANDREWS GRAND CIRCLE**
 CITY-ST-ZIP: **BOCA RATON FL 33433**

TITLE: **V/D** Change Addition
 NAME: **[REDACTED]**
 STREET ADDRESS: **[REDACTED]**
 CITY-ST-ZIP: **[REDACTED]**

TITLE: Delete
 NAME: **[REDACTED]**
 STREET ADDRESS: **[REDACTED]**
 CITY-ST-ZIP: **[REDACTED]**

TITLE: **D** Change Addition
 NAME: **ANGELA SULLIVAN**
 STREET ADDRESS: **21938 TOWN PLACE DRIVE**
 CITY-ST-ZIP: **BOCA RATON, FL 33433**

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-02 561-852-7390

Date Daytime Phone #

CR2E037 (9/01)