

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90354 017 ****61.25

DOCUMENT # 732603

1. Entity Name
VIA VERDE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
HAWK EYE MGT **HAWK EYE MGT**
3901 N FEDERAL HWY SUITE 202 **3901 N FEDERAL HWY SUITE 202**
BOCA RATON, FL 33431 US **BOCA RATON, FL 33431 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01052006 Chg-NP CR2E037 (11/05)

4. FCI Number 59-1803800 App'd For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Numbers Not Accepted)
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, Name, and Address of Registered Agent (SEE LAST PAGE)

FCI Number, Registered Agent, and Certificate of Status (SEE LAST PAGE)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	KOHLMAN, ULNA	
STREET ADDRESS	6400 SWEET MAPLE LANE	
CITY ST ZIP	BOCA RATON, FL 33433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NAYLOR, RICHARD	
STREET ADDRESS	21618 ST ANDREWS BLVD	
CITY ST ZIP	BOCA RATON, FL 33434	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RUDERYAN, JEROME	
STREET ADDRESS	6832 VEINTO WAY	
CITY ST ZIP	BOCA RATON, FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	UPSHAN, LOAN	
STREET ADDRESS	5591 D COACH HOUSE CIRCLE	
CITY ST ZIP	BOCA RATON, FL 33436	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, ANGELA	
STREET ADDRESS	21938 TOWN PLACE DRIVE	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANT, JONATHAN	
STREET ADDRESS	6045 SOUTH VERDE TRAIL	
CITY ST ZIP	BOCA RATON, FL 33435	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDERMAN, JEROME	
STREET ADDRESS	6832 VEINTO WAY	
CITY ST ZIP	BOCA RATON, FL 33434	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPSHAW, JOAN	
STREET ADDRESS	5591 D COACH HOUSE CIRCLE	
CITY ST ZIP	BOCA RATON, FL 33436	
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 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 another, be empowered.

SIGNATURE: Angela Sullivan as President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR