

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90178 035 ****61.25

DOCUMENT # 732603



1. Entity Name
VIA VERDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business HAWK EYE MGT 3901 N FEDERAL HWY SUITE 202 BOCA RATON FL 33431 US	Mailing Address HAWK EYE MGT 3901 N FEDERAL HWY SUITE 202 BOCA RATON FL 33431 US
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1803800		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHLMAN, ULNA		NAME		
STREET ADDRESS	6400 SWEET MAPLE LANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAYLOR, RICHARD		NAME	NAYLOR, RICHARD	
STREET ADDRESS	21618 ST ANDREWS BLVD		STREET ADDRESS	21618 ST. ANDREWS BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, LOU		NAME	SIMS, LOU	
STREET ADDRESS	20876 SONETO DR		STREET ADDRESS	20876 SONETO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, MIRIAM		NAME		
STREET ADDRESS	21547 ST ANDREWS GRAND CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, ANGELA		NAME	SULLIVAN, ANGELA	
STREET ADDRESS	21938 TOWN PLACE DRIVE		STREET ADDRESS	21938 TOWN PLACE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *SIGNATURE REQUIRED*

CR2E037 (10/02)