

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 6: 03

DOCUMENT # 735428 (5)

1. Corporation Name

PASEOS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

**C/O HAWK-EYE MANAGEMENT, INC.
3601 NORTH FEDERAL HIGHWAY, SUITE 202
BOCA RATON FL 33431**

**C/O HAWK-EYE MANAGEMENT, INC.
3601 NORTH FEDERAL HIGHWAY, SUITE 202
BOCA RATON FL 33431**

3. Date Incorporated or Qualified

03/30/1976

3a. Date of Last Report

04/05/1994

4. FEI Number

59-1797528

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATTI, PAUL N.
C/O HAWK-EYE MANAGEMENT INC.
3901 N. FEDERAL HWY, SUITE 202
BOCA RATON FL 33431**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MITCHELL, NATALIE
STREET ADDRESS	20906 MORADA CT
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	VPD
NAME	KRUSE, TOM
STREET ADDRESS	20064 SONFRISA WAY
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	VPD
NAME	LAREMORE, DARRELL
STREET ADDRESS	20845 RAMITA TR
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	SD
NAME	SIMS, LOU
STREET ADDRESS	20876 SONETO DRV.
CITY - ST - ZIP	BOCA RATON FL
TITLE	TD
NAME	HASKEL, JOANNE
STREET ADDRESS	20007 MORADA CT
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	33433
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	33433
3.1 TITLE	SD ☒ Change ☐ Addition
3.2 NAME	CREIGHTON, PAUL
3.3 STREET ADDRESS	20858 Soneto Drive
3.4 CITY - ST - ZIP	Boca Raton, FL 33433
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	VPD
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	33433
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	33433
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Natalie Mitchell Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/95
Date

407-392-1601
407-499-0073
Telephone

NATALIE MITCHELL