

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 735428 (5)

1. Corporation Name

PASEOS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O HAWK-EYE MANAGEMENT, INC.
3901 NORTH FEDERAL HIGHWAY, SUITE 202
BOCA RATON FL 33431

C/O HAWK-EYE MANAGEMENT, INC.
3901 NORTH FEDERAL HIGHWAY, SUITE 202
BOCA RATON FL 33431

3. Date Incorporated or Qualified
03/30/1976

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MITCHELL, NATALIE
STREET ADDRESS 20906 MORADA CT
CITY-ST-ZIP BOCA RATON, FL 00000

DELETE

TITLE VPD
NAME KRUSE, TOM
STREET ADDRESS 20864 SONRISA WAY
CITY-ST-ZIP BOCA RATON, FL 00000

DELETE

TITLE SD
NAME CREIGHTON, PAUL
STREET ADDRESS 20585 SONETO DRIVE
CITY-ST-ZIP BOCA RATON FL

DELETE

TITLE VPD
NAME SIMS, LOU
STREET ADDRESS 20876 SONETO DRV.
CITY-ST-ZIP BOCA RATON FL

DELETE

TITLE TD
NAME HASKEL, JOANNE
STREET ADDRESS 20897 MORADA CT
CITY-ST-ZIP BOCA RATON FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

SD
CAREN Chambers, Secretary
20802 SONETO DR.
BOCA RATON, FL.

VPD
Creighton, Paul V.P.
20585 SONETO DR.
BOCA RATON, FL.

500001745225
-03/15/96--01097--028
***\$61.25

TD
Rea, Deidre, Treasurer
20890 Hamaca Cr.
BOCA RATON, FL.

YM-M.
3-14-96

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 119.07(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 617, 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, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-96 479 0013

Date Day/Time Phone #

CR2E037 (12/95)