

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90058 036 \*\*\*\*61.25

<b>DOCUMENT # 735428</b> 1. Entity Name <b>PASEOS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O HAWK-EYE MANAGEMENT, INC.</b> <b>3901 NORTH FEDERAL HIGHWAY, SUITE 202</b> <b>BOCA RATON, FL 33431</b>			Mailing Address <b>C/O HAWK-EYE MANAGEMENT, INC.</b> <b>3901 NORTH FEDERAL HIGHWAY, SUITE 202</b> <b>BOCA RATON, FL 33431</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1797528</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PATTI, PAUL N.</b> <b>C/O HAWK-EYE MANAGEMENT INC.</b> <b>3901 N. FEDERAL HWY, SUITE 202</b> <b>BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>RAHN, RAYMOND M</b> <b>20795 SONRISA WAY</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>ECHVERRIA, ALFREDO</b> <b>20858 SONRISA WAY</b> <b>BOCA RATON, FL 33433</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CREIGHTON, PAUL</b> <b>20858 SONETO DR</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>ANGSTROM, LISA</b> <b>20784 RAMITA TRAIL</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVD <b>WENYON, KENNETH</b> <b>20798 SONRISA WAY</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <b>RAHN, RAYMOND M</b> <b>20795 SONRISA WAY</b> <b>BOCA RATON, FL 33433</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <b>ANGSTROM, LISA</b> <b>20784 RAMITA TRAIL</b> <b>BOCA RATON, FL 33433</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <b>WENYON, KENNETH</b> <b>20798 SONRISA WAY</b> <b>BOCA RATON, FL 33433</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	22 REARLY <b>BROWN, LADD</b> <b>20810 RAMITA TRAIL</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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:  President 02/17/05 561-438-3479					