2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90174 050 ****61.25

DOCUMENT # 735428

1. Entity 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

01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1797528 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TRES RAHN, RAYMOND M. 20795 SONRISA WAY BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P KRUSE, TOM 20864 SONRISA WAY BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CREIGHTON, PAUL 20858 SONETO DR BOCA RATON, FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP ANGSTROM, LISA 20784 RAMITA TRAIL BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S ANGSTROM, LISA 20784 RAMITA TRAIL BOCA RATON, FL 33433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P WENYON, KENNETH 20796 SONRISA WAY BOCA RATON, FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP EDERLE, MONA 20945 RAMITA TRAIL BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S BROWN, LADD 20810 RAMITA TRL BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BROWN, LADD 20810 RAMITA TRL BOCA RATON, FL 33433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: Tom Kruse TOM KRUSE, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE / DAYTIME PHONE