**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

753632

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NIE\A/	EI ODECTA	HOMEOWNERS!	ACCACIATION	INIO
IACAA	LLCDESIN	<b>HUMEUMMENS</b>	ASSULIATION.	IINU

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Principal Place of Business Mailing Address								I HEBRII IDDON DILOD MARD DIMBO HII				
C/O HAWK-EYE MGMT INC 3901 N FED HWY SUITE 202 BOCA RATON FL 33431			3901 N FED HWY S BOCA RATON FL 33	C/O HAWK-EYE MGMT INC 3901 N FED HWY SUITE 202 BOCA RATON FL 33431								
US			US					3. Date Incorporated or Qualified 08/05/1980	3a.	Date of Last 04/26/1		
			2a. Mailing Address	<del></del>				4. FEI Number 59-2746794	<del>-</del>	<del> </del>	Applied For	
21 26 Suite. Apt. #, etc.				Suite, Apt. #, etc.				3972740784			Not Applicable	
22 27			27					5. Certificate of Status Desired		•	Additional Required	
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees			
	?ip		Country	Zip	_	untry			8. This corporation has liability for	intangible		
24			25	29	30	<b></b>				Yes [		
		9, Name	and Address of Curre	ent Registered Agent		81	Name		10. Name and Address of New F	legistere	d Agent	
	CELEAN	ID MICHAE				"	Name					
		ID, MICHAE				82	Street	Address	(P.O. Box Number is Not Acceptab	) <del>[0</del> ]		
250 AUSTRALIAN AVE. S., SUITE 1010 WEST PALM BEACH FL 33401					83							
	HEOT I	ALIN DEAC	112 00401									
						84	City			F	85 Zij	Code
11.	Pursuant t	to the provision	ons of Sections 617.050	02 and 617.1508, Florida Stat	utes, the abo	ove-u	amed co	orporation	n submits this statement for the pur f directors. I hereby accept the app	rpose of c	hanging its r	egistered office
	familiar wil	th, and accep	t the obligations of, Sec	ction 617.0503, Florida Statut	es.	ωμ	ланоп 5	DOBRU OF	r directors. I hereby accept the app	ontment a	as registered	agent. I am
SIG	NATURE _											
12.	<del></del>	Signature, typed o	r printed name of registered age	nt and title if applicable.  ND DIRECTORS	NOTE: Registered		signature re	required wher		DATE	ID DIDEOTO	DO 111 40
TITLE		D	OF HOLMS AF	DELETE	13. 1.1 I			Dage	ADDITIONS/CHANGES TO OFF	ICERS AN	Change	TX Addition
NAME			FELD,KENNETH		1.2 N				esident		Change	And the transfer of
STREE	ET ADDRESS	f	W. 26TH AVE				ADDRESS :	291	rick Mansell A	venue 3343	е	
CITY-	-ST-ZIP	BOCA R	ATON FL 33434			17Y-S1		Boo	ca Raton, FL	3343	4	
TITLE		SD	······································	DELETE	21 T			Vic	ce President		Change	Addition
NAME	.	MYERS,	VIRGINIA		22 N	AME		Jet	ffrey Coleman 51 N. W. 27 Str		<del>-</del>	_
STREE	ET ADDRESS		W. 29TH AVENUE		235	TREET	ADDRESS	1				
	-ST-ZiP		ATON FL 33434		2.40	HTY-S	T-ZIP	Boo	ca Raton, FL 3	3434		
TITLE	- 1	D	*******	DELETE	3.1 Ti	TLE		Sec	cretary rginia Myers		Change	☐ Addition
NAME	I	JOSE, C			3.2 N	AME		V11	rginia Myers			
	F ADDRESS		W. 29TH DR				address		41 N. W. 29th A	-	-	
CITY-	·ST · ZIP	T FOLK	ATON FL 33434	DELETE		XTY-ST	T-ZIP	<del></del>		3343		<b>(5)</b> 4.25%
NAME	- 1	JEFF CO	N EMAN	Libette	4.1 1			1	easurer		Change	Addition
	EL ADORESS		N. 27TH STREET		4.21		NODECC.	Dan	rrell Ganz			
	ST-ZIP		ATON FL 33434			INEET J	ADDRESS	205   Boo	94 N. W. 29 Drig ca Raton, FL	₹ <b>6</b> 33437	4	
TITLE		PD	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	5.1 7		- ZIF	+			Change	Addition
NAME	.	INCE, SI	JSAN		5.2 N			286	se Cortina 05 N. W. 29 Dri	ve	go	
STHEE	T ADDRESS	•	/ 28TH TERR.				ADDRESS	1		3343	4	
CITY-	ST-ZIP	BOCA R	ATON FL 33434			ITY-ST				5545	•	
TITLE		VP		DELETE	61 T)			Jah	nn Abbott		Change	Addition
NAME			o, James		62 N	AME		Ł	M ADDOCC 74 N. W. 29 Dri			
STREE	T ADDRESS		V. 26TH CT.		6.3 S	TREET A	ADDRESS	1				
CITY-	ST-ZiP	BOCA R	ATON FL		6.4 C	TY-ST	-ZIP	Boo	ca Raton, FL	3343	4	

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: With Hand PATRICK J. MANSELL SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/16/96 469-390-1601