
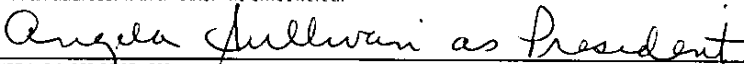


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90354 017 ****61.25

DOCUMENT # 732603					
1. Entity Name VIA VERDE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business HAWK EYE MGT 3901 N FEDERAL HWY SUITE 202 BOCA RATON, FL 33431 US			Mailing Address HAWK EYE MGT 3901 N FEDERAL HWY SUITE 202 BOCA RATON, FL 33431 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FCI Number 59-1803800	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PATTI. PAUL C/O HAWK EYE MGT 3901 NORTH FEDERAL HWY STE 202 BOCA RATON, FL 33428			Name		
			Street Address (P.O. Box Numbers Not Accepted)		
			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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOHLMAN, ULNA		NAME		
STREET ADDRESS	6400 SWEET MAPLE LANE		STREET ADDRESS		
CITY ST ZIP	BOCA RATON, FL 33433		CITY ST ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NAYLOR, RICHARD		NAME	GRANT, JONATHAN	
STREET ADDRESS	21618 ST ANDREWS BLVD		STREET ADDRESS	6045 SOUTH VERDE TRAIL	
CITY ST ZIP	BOCA RATON, FL 33434		CITY ST ZIP	BOCA RATON, FL 33433	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUDERYAN, JEROME		NAME	RUDERMAN, JEROME	
STREET ADDRESS	6832 VEINTO WAY		STREET ADDRESS	6832 VIENTO WAY	
CITY ST ZIP	BOCA RATON, FL 33434		CITY ST ZIP	BOCA RATON, FL 33434	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UPSHAN, LOAN		NAME	UPSHAW, JOAN	
STREET ADDRESS	5591 D COACH HOUSE CIRCLE		STREET ADDRESS	5591 D COACH HOUSE CIRCLE	
CITY ST ZIP	BOCA RATON, FL 33436		CITY ST ZIP	BOCA RATON, FL 33436	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SULLIVAN, ANGELA		NAME		
STREET ADDRESS	21938 TOWN PLACE DRIVE		STREET ADDRESS		
CITY ST ZIP	BOCA RATON, FL 33433		CITY ST ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
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 another, be empowered.					
SIGNATURE:					
		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			