## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 10, 2008 8:00 am Secretary of State

DOCUMENT # 732603  1. Entity Name VIA VERDE HOMEOWNERS ASSOCIATION, INC.					04-10-2008 90025 050 ****61.25			
HAWK EYE MGT HA 3901 N FEDERAL HWY SUITE 202 39					2  I <b>ut gail a</b> nn <b>ai</b> us <b>ai</b> us gg	RIGII BIRTI BIRTI BIRTI BIRTI BIR	KANI NI IKUI	
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112008	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-1803	800	<del></del>	oplied For of Applicable	
Zip	Country	Zip	Country	5. Certificate of		\$8.75 Add Fee Require		
C/O HAWM 3901 NOR BOCA RA	6. Name and Address of Current  UL	7. Name and Address of New Registered Agent  Name KAREN A. GAGLIANO, P.A.  Street Address (P.O. Box Number is Not Acceptable)  955-N.N.W. 17 <sup>Th</sup> AVENUE  City DELRAY BEACH  FL Zip Code 33445						
The above the obligate SIGNATURE.	( )	# (NOTE	KARIN A	Gog / Iaro		3 /26/28 DATE		
	Filing Fee is \$61.25/ Due by May 1, 2008	9. Election Carr Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees		the check payable to da Department of S		
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF  V KOHLMAN, ULNA 6400 SWEET MAPLE LANE BOCA RATON, FL 33433 D GRANT, JONATHAN 605 SOUTH VERDE TRAIL	Delete  Delete	11.  THE NAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS	D o	NGES TO OFFICER	S AND DIRECTORS IN Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON, FL 33434 STD RUDERMAN, JEROME 6832 VEINTO WAY BOCA RATON, FL 33434	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Boxa Rator	, FL 334	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULMAN, PEGGY 6492 VIA ROSA BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, ANGELA 21938 TOWN PLACE DRIVE BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor		true and accurate and that movered to execute this report	ny signature shall ha as required by Char	ive the same legal effect	as if made under o	ath; that I am an officer	or director	