

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **735428** (5)

1. Corporation 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

3. Date Incorporated or Qualified  
**03/30/1976**

3a. Date of Last Report  
**04/03/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**59-1797528**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, NATALIE	1.2 NAME	
STREET ADDRESS	20906 MORADA CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUSE, TOM	2.2 NAME	<i>SD</i> CAREN Chambers, Secretary
STREET ADDRESS	20864 SONRISA WAY	2.3 STREET ADDRESS	20802 SONETO DR.
CITY-ST-ZIP	BOCA RATON, FL 00000	2.4 CITY-ST-ZIP	BOCA RATON, FL.
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREIGHTON, PAUL	3.2 NAME	<i>VPD</i> Creighton, Paul V.P.
STREET ADDRESS	20585 SONETO DRIVE	3.3 STREET ADDRESS	20585 SONETO DR.
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL.
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, LOU	4.2 NAME	500001745225
STREET ADDRESS	20876 SONETO DRV.	4.3 STREET ADDRESS	-03/15/96--01097--028
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	***61.25
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASKEL, JOANNE	5.2 NAME	<i>TD</i> Rea, Deidre, Treasurer
STREET ADDRESS	20897 MORADA CT	5.3 STREET ADDRESS	20890 Hamaca Ct.
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, FL.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<i>Y-M-M.</i>
STREET ADDRESS		6.3 STREET ADDRESS	<i>3-14-96</i>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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: *Natalie Mitchell, President*  
Signature and typed or printed name of signing officer or director

2-16-96 479 0073  
Date Day/Time Phone #

CR2E037 (12/95)