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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735428 (5)

1. Corporation Name
PASEOS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O HAWK-EYE MANAGEMENT, INC. 3901 NORTH FEDERAL HIGHWAY, SUITE 202 BOCA RATON FL 33431	Mailing Address C/O HAWK-EYE MANAGEMENT, INC. 3901 NORTH FEDERAL HIGHWAY, SUITE 202 BOCA RATON FL 33431-4509
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3. Date Incorporated or Qualified 03/30/1976	3a. Date of Last Report 03/14/1996
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

4. FEI Number 59-1797528	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. 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**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	MITCHELL, NATALIE	
STREET ADDRESS	20906 MORADA CT	
CITY-ST-ZIP	BOCA RATON, FL FL	
TITLE	SD	
NAME	CHAMBERS, CAREN	
STREET ADDRESS	20802 SONETO DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP/D	
NAME	CREIGHTON, PAUL	
STREET ADDRESS	20585 SONETO DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	
NAME	SIMS, LOU	
STREET ADDRESS	20876 SONETO DRV.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	
NAME	DEIRDRE REA, DEIDRE	
STREET ADDRESS	20890 HAMACA CT.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	Mitchell, NATALIE		
1.2 NAME	VICE PRESIDENT		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	REA, DEIRDRE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	PRESIDENT		
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Deirdre Rea, President* Date: **4-4-97**

Daytime Phone # 0038604

CR2E037 (9/96)