

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

**FILED**  
**Apr 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthang</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735428 (5)**  
 1. Corporation Name  
**PASEOS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O HAWK-EYE MANAGEMENT, INC.                  3901 NORTH FEDERAL HIGHWAY, SUITE 202                  BOCA RATON FL 33431</b>	Mailing Address <b>C/O HAWK-EYE MANAGEMENT, INC.                  3901 NORTH FEDERAL HIGHWAY, SUITE 202                  BOCA RATON FL 33431</b>
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3. Date incorporated or Qualified  
**03/30/1976**

4. FEI Number  
**59-1797528**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	1st VP/D <input checked="" 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 FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, CAREN	2.2 NAME	
STREET ADDRESS	20802 SONETO DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	VP/D <input type="checkbox"/> DELETE	3.1 TITLE	Secretary/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREIGHTON, PAUL	3.2 NAME	
STREET ADDRESS	20585 SONETO DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, LOU	4.2 NAME	
STREET ADDRESS	20876 SONETO DRV.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	2 VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REA, DEIRDRE	5.2 NAME	Jeanine Weiss
STREET ADDRESS	20890 HAMACA CT.	5.3 STREET ADDRESS	20875 RAMITA TRAIL
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, AL. 33433
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Lou Sims, President

CR2E037 (10/97)