

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90042 020 ****61.25

DOCUMENT # 735428

1. Entity 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 33431-4509



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1797528

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6- Name and Address of Current Registered Agent

7- 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

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	FVPD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, NATALIE	
STREET ADDRESS	20908 MORADA CT	
CITY-ST-ZIP	BOCA RATON, FL FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRIGMAN, GREG	
STREET ADDRESS	20772 SONETO DR.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SIMS, LOU	
STREET ADDRESS	20876 SONETO DRV.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SVPD	<input checked="" type="checkbox"/> Delete
NAME	WEISS, JEANINE	
STREET ADDRESS	20875 RAMITA TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LARSEN, JOAN	
STREET ADDRESS	20772 SONRISA DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ray Rahn	
STREET ADDRESS	20195 Sonnisa Way	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Angstrom	
STREET ADDRESS	20784 Ramita Trail	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Huston	
STREET ADDRESS	20852 Soneto Drive	
CITY-ST-ZIP	Boca Raton FL 33433	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ursula Kalt	
STREET ADDRESS	20898 Hamaca Ct	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	FVPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maxine Arno	
STREET ADDRESS	20815 Ramita Trail	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 all other like empowered.

SIGNATURE: *Raymond M. Rahn* **RAYMOND M. RAHN** 1-19-00 (561) 392-433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #