


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90364 010 \*\*\*\*61.25

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # N06943</b><br>1. Entity Name<br><b>WATERS BEND AT BOCA WEST HOMEOWNERS' ASSOCIATION, INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>HAWK-EYE MGMT INC</b><br><b>3901 N FEDERAL HWY #202</b><br><b>BOCA RATON, FL 33431 US</b>  |  |   | Mailing Address<br><b>HAWK-EYE MGMT INC</b><br><b>3901 N FEDERAL HWY #202</b><br><b>BOCA RATON, FL 33431 US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   |   |  |
| Zip  | Country  | Zip   | Country   |   |  |
| 03112008   |  | Chg-NP  |   | CR2E037 (12/06)   |  |
| 4. FEI Number<br><b>59-2481724</b>   |  |   |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent   |   |  |
| <b>PATTI, PAUL N</b><br><b>HAWK-EYE MANAGEMENT INC</b><br><b>3901 N FEDERAL HWY #202</b><br><b>BOCA RATON, FL 33431</b>  |  |   | Name <u>Sheldon Engelhard P.A.</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>7900 Glades Road Suite 330</u><br>City <u>Boca Raton</u> FL Zip Code <u>33434-4104</u> |   |  |
| 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE <u>Sheldon Engelhard</u> DATE <u>4/23/08</u><br><small>Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
| <b>Make check payable to Florida Department of State</b>   |  |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>NUSSBAUM, FRITZ</b><br><b>19682 WATERS POND LANE #901</b><br><b>BOCA RATON, FL 33434</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>LIGHTMAN, MORTON</b><br><b>19707 WATERS POND LANE, #402</b><br><b>BOCA RATON, FL 33434</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>GRANT, MALCOLM</b><br><b>19698 WATERS POND LANE #704</b><br><b>BOCA RATON, FL 33434</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br><b>ROSE, EDWARD</b><br><b>19665 WATERSSEND DR. #1104</b><br><b>BOCA RATON, FL 33434</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVP<br><b>SCHWARTZ, FRANCIS</b><br><b>19707 WATERS POND LANE STE 404</b><br><b>BOCA RATON, FL</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>FINE, WILLIAM B</b><br><b>19674 WATERSSEND DR. #1004</b><br><b>BOCA RATON, FL 33434</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>William B Fine</u>   |  | 4-23-08<br><small>Date Daytime Phone #</small>                                      |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |   |  |