

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06943

FILED
Feb 19, 2009
Secretary of State

Entity Name: WATERS BEND AT BOCA WEST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

HAWK-EYE MGMT INC
3901 N FEDERAL HWY #202
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

HAWK-EYE MGMT INC
3901 N FEDERAL HWY #202
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-2481724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGELHARD, PA, SHELDON
7900 GLADES ROAD
SUITE #330
BOCA RATON, FL 334344102 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NUSSBAUM, FRITZ
Address: 19682 WATERS POND LANE #901
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: LIGHTMAN, MORTON
Address: 19707 WATERS POND LANE, #402
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: GRANT, MALCOLM
Address: 19698 WATERS POND LANE #704
City-St-Zip: BOCA RATON, FL 33434

Title: V () Delete
Name: ROSE, EDWARD
Address: 19665 WATERSSEND DR. #1104
City-St-Zip: BOCA RATON, FL 33434

Title: DVP () Delete
Name: SCHWARTZ, FRANCIS
Address: 19707 WATERS POND LANE STE 404
City-St-Zip: BOCA RATON, FL

Title: P () Delete
Name: FINE, WILLIAM B
Address: 19674 WATERSSEND DR. #1004
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM FINE

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date