## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06943

FILED Feb 21, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

HAWK-EYE MGMT INC 3901 N. FEDERAL HIGHWAY 3901 N FEDERAL HWY #202 STE 202

BOCA RATON, FL 33431 US BOCA RATON, FL 33431 US

Current Mailing Address: New Mailing Address:

HAWK-EYE MGMT INC 3901 N. FEDERAL HIGHWAY 3901 N FEDERAL HWY #202 STE 202

BOCA RATON, FL 33431 US BOCA RATON, FL 33431 US

FEI Number: 59-2481724 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: PD

Name: FINE, WILLIAM

Address: 3901 N. FEDERAL HIGHWAY, STE 202

City-St-Zip: BOCA RATON, FL 33431 US

Title: VPD

Name: SCHWARTZ, FRANCES

Address: 3901 N. FEDERAL HIGHWAY, STE 202

City-St-Zip: BOCA RATON, FL 33431 US

Title: SD

Name: ROSE, EDWARD

Address: 3901 N. FEDERAL HIGHWAY, STE 202

City-St-Zip: BOCA RATON, FL 33431 US

Title: TD

Name: SIFEN, SONIA

Address: 3901 N. FEDERAL HIGHWAY, STE 202

City-St-Zip: BOCA RATON, FL 33431 US

Title: [

Name: NUSSBAUM, FRITZ

Address: 3901 N. FEDERAL HIGHWAY, STE 202

City-St-Zip: BOCA RATON, FL 33431 US

Title: D

Name: GRANT, MALCOM

Address: 3901 N. FEDERAL HIGHWAY, STE 202

City-St-Zip: BOCA RATON, FL 33431 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM FINE PD 02/21/2011