

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State,
DIVISION OF CORPORATIONS

DOCUMENT # N22312
1. Corporation Name
Majorca at Via Verde Homeowners Assoc

Principal Place of Business Mailing Address Same
C/o Hawkeye Management
3901 N. Federal Hwy. Suite 202
Boca Raton, FL 33431

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number	1996
22. City & State	27. City & State	5. Certificate of Status Desired	Applied For Not Applicable
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
Hawk-Eye Management
3901 N. Federal Hwy.
Suite 202
Boca Raton, FL 33431

10. Name and Address of New Registered Agent
81 Name: Hawk-Eye Management
82 Street Address (P.O. Box Number is Not Acceptable): 3901 N. Federal Hwy
83 Suite # 202
84 Boca Raton FL 85 Zip Code: 33431

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: Paul J. Calcanes
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Calcanes, Paul P <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Calcanes, Paul P	1.2 NAME	Paul . Calcanes
STREET ADDRESS	5194 Majorca Club Dr.	1.3 STREET ADDRESS	5194 Majorca Club Drive
CITY-ST-ZIP	Boca Raton, FL 33486	1.4 CITY-ST-ZIP	Boca Raton, Florida 33486
TITLE	Larry, Mallet VP <input type="checkbox"/> DELETE	2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry, Mallet	2.2 NAME	Larry Mallet
STREET ADDRESS	5138 Majorca Club Dr.	2.3 STREET ADDRESS	5138 Majorca Club Drive
CITY-ST-ZIP	Boca Raton, FL 33486	2.4 CITY-ST-ZIP	Boca Raton, Florida 33486
TITLE	Freedman, Josh T <input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Freedman, Josh T	3.2 NAME	Josh Freedman
STREET ADDRESS	5157 Majorca Club Dr.	3.3 STREET ADDRESS	5157 Majorca Club Drive
CITY-ST-ZIP	Boca Raton, FL 33486	3.4 CITY-ST-ZIP	Boca Raton, Florida 33486
TITLE	Fortney, Joan S <input type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fortney, Joan S	4.2 NAME	Joan Fortney
STREET ADDRESS	5235 Majorca Club Dr.	4.3 STREET ADDRESS	5235 Majorca Club Drive
CITY-ST-ZIP	Boca Raton, FL 33486	4.4 CITY-ST-ZIP	Boca Raton, Florida 33486
TITLE	Thomsen, Gerda D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomsen, Gerda D	5.2 NAME	Gerda Thomsen
STREET ADDRESS	5144 Majorca Club Dr.	5.3 STREET ADDRESS	5144 Majorca Club Drive
CITY-ST-ZIP	Boca Raton, FL 33486	5.4 CITY-ST-ZIP	Boca Raton, Florida 33486
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 do 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: Paul J. Calcanes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-97 Date
561-368-2616 Daytime Phone #

CR2E037 (9/96)