


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90113 008 ****61.25

DOCUMENT # N22312					
1. Entity Name MAJORCA AT VIA VERDE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O HAWKEYE MANAGEMENT 3901 N. FEDERAL HWY SUITE 202 BOCA RATON, FL 33431		Mailing Address C/O HAWKEYE MANAGEMENT 3901 N. FEDERAL HWY SUITE 202 BOCA RATON, FL 33431			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0037184	
5. Certificate of Status Desired <input type="checkbox"/>				Added For Not Added For	
6. Name and Address of Current Registered Agent HAWK-EYE MANAGEMENT 3901 N. FEDERAL HWY SUITE #202 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Numbers Not Accepted)	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POVEDA, EDUARDO		NAME	Hayes, Karen	
STREET ADDRESS	5146 MAJORCA CLUB DR		STREET ADDRESS	5159 Majorca Club Dr	
CITY ST ZIP	BOCA RATON, FL 33486		CITY ST ZIP	BOCA RATON, FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSEN, GERDA		NAME		
STREET ADDRESS	5144 MAJORCA CLUB DR		STREET ADDRESS		
CITY ST ZIP	BOCA RATON, FL 33486		CITY ST ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALCANES, PAUL		NAME		
STREET ADDRESS	5194 MAJORCA CLUB DR		STREET ADDRESS		
CITY ST ZIP	BOCA RATON, FL 33486		CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, CELESTE		NAME		
STREET ADDRESS	5200 MAJORCA CLUB DR		STREET ADDRESS		
CITY ST ZIP	BOCA RATON, FL 33486		CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNEL, ELYSE		NAME		
STREET ADDRESS	5222 MAJORCA CLUB DR		STREET ADDRESS		
CITY ST ZIP	BOCA RATON, FL 33486		CITY ST ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VUBBERGS, CRAIG		NAME	Vosburgh, Craig	
STREET ADDRESS	5182 MAJORCA CLUB DR		STREET ADDRESS		
CITY ST ZIP	BOCA RATON, FL 33486		CITY ST ZIP		
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 subsequent 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 a trustee empowered.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					