
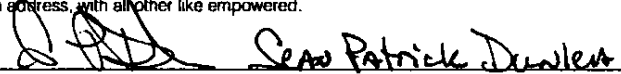


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90278 011 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0037184	
Applied For		Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAWK-EYE MANAGEMENT 3901 N. FEDERAL HWY SUITE #202 BOCA RATON, FL 33431			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POVEDA, EDUARDO		NAME	Sean Dunlea	
STREET ADDRESS	5146 MAJORCA CLUB DR		STREET ADDRESS	5158 Majorca Club Dr. Boca Raton, FL 33486	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP - Cynthia Roach	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYES, KAREN		NAME	5196 Majorca Club Dr.	
STREET ADDRESS	5159 MAJORCA CLUB DR		STREET ADDRESS	Boca Raton, FL 33486	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T - Fern Collins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALCANES, PAUL		NAME	5206 Majorca Club Dr.	
STREET ADDRESS	5194 MAJORCA CLUB DR		STREET ADDRESS	Boca Raton, FL 33486	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S - Jeanne Mennona	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, CELESTE		NAME	5198 Majorca Club Dr.	
STREET ADDRESS	5200 MAJORCA CLUB DR		STREET ADDRESS	Boca Raton, FL 33486	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D - Paul Walls	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNEL, ELYSE		NAME	5195 Majorca Club Dr.	
STREET ADDRESS	5222 MAJORCA CLUB DR		STREET ADDRESS	Boca Raton, FL 33486	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSBURGH, CRAIG		NAME		
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 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: 		Sean Patrick Dunlea		1-18-07 561 416-9445	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	