
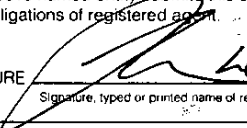
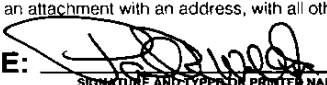


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90070 031 ****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		03112008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0037184	
				Applied For Not Applicable	
				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 Louis Caplan of Sachs + Sax Street Address (P.O. Box Number is Not Acceptable) 301 Yamontal Rd #4150 City Boca Raton FL Zip Code 33431		
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 		Signature, typed or printed name of registered agent and title if applicable. Louis Caplan of Sachs + Sax (NOTE: Registered Agent signature required when reinstating)		DATE 4/17/08	
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNLEA, SEAN		NAME	Paul Walls	
STREET ADDRESS	5158 MAJORCA CLUB DR		STREET ADDRESS	5195 Majorca Club Dr.	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH, CYNTHIA		NAME		
STREET ADDRESS	5196 MAJORCA CLUB DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALCANES, PAUL		NAME	Audrey Schattner	
STREET ADDRESS	5194 MAJORCA CLUB DR		STREET ADDRESS	5190 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, CELESTE		NAME	Cindy Bloom	
STREET ADDRESS	5200 MAJORCA CLUB DR		STREET ADDRESS	5168 Majorca Club Dr.	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, FERN		NAME	Patty Mauer	
STREET ADDRESS	5206 MAJORCA CLUB DR		STREET ADDRESS	5168 Majorca Club Dr.	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENNONA, JEANNE		NAME		
STREET ADDRESS	5198 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: 		Signature and typed or printed name of signing officer or director		Date 4/16/2008	
				Daytime Phone #	