

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90180 045 ****61.25

UBR0303

DOCUMENT # N22312

1. Entity Name
MAJORCA AT VIA VERDE HOMEOWNERS' ASSOCIATION, IN C.



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: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

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 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 reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	TD DONAGHUE, TERENCE	<input type="checkbox"/> Delete
STREET ADDRESS	5738 MAJORCA CLUB DR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE NAME	PD RUNHAAR, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	5136 MAJORCA CLUB DR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE NAME	D THOMSEN, GERDA	<input type="checkbox"/> Delete
STREET ADDRESS	5144 MAJORCA CLUB DR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE NAME	D CALCANES, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	5194 MAJORCA CLUB DR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE NAME	D RICH, GARY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5243 MAJOREU CLUB DR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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 REQUIRED**

CR2E037 (10/02)