

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 751525 (7)

1. Corporation Name
PRADERA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **21367 CAMPO ALLEGRO DR. BOCA RATON FL 33433 US**
 Mailing Address: **C/O BENCHMARK PROP. 7932 WILES RD CORAL SPRINGS FL 33067**

3. Date Incorporated or Qualified: **03/12/1980**
 3a. Date of Last Report: **04/18/1995**
 4. FEI Number: **59-2154960**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**FRED DOCTOR
 21367 CAMPO ALLEGRO DR
 BOCA RATON FL 33433**

10. Name and Address of New Registered Agent
 81 Name: _____
 82 Street Address (P.O. Box Number is Not Acceptable): _____
 83 _____
 84 City: _____ **FL** 85 Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS MILLER	
STREET ADDRESS	21375 SONESTA WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FORD, RONALD	
STREET ADDRESS	21381 SONESTA WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MICHELINA DION	
STREET ADDRESS	21375 CAMPO ALLEGRO DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAROLD JAFFE	
STREET ADDRESS	21374 PLACIA TERR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREENWALD, JEROME	
STREET ADDRESS	21362 CAMPO ALLEGRE DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANFORD, EPSTEIN	
STREET ADDRESS	6805 ALLEGRE EPSTEIN	
CITY-ST-ZIP	BOCA RATON FL 33433	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Frederick B. Doctor* **6-19-96** 407-488-4983
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **FREDERICK B. DOCTOR** Daytime Phone #

CR2E037 (3/96)