

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

**21367 CAMPO ALLEGRO DR.
BOCA RATON FL 33433
US****C/O BENCHMARK PROP.
7832 WILES RD
CORAL SPRINGS FL 33067-2071**3. Date Incorporated or Qualified
03/12/19803a. Date of Last Report
07/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRED DOCTOR
21367 CAMPO ALLEGRO DR
BOCA RATON FL 33433**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **LEWIS MILLER**
STREET ADDRESS **21375 SONESTA WAY**
CITY - ST - ZIP **BOCA RATON FL**1.1 TITLE **D** ☐ Change ☐ Addition
1.2 NAME **Muriel Cohen**
1.3 STREET ADDRESS **21380 Campo Alleego Dr.**
1.4 CITY - ST - ZIP **Boca Raton, FL 33433**TITLE **V** ☐ DELETE
NAME **MICHELINA DION**
STREET ADDRESS **21375 CAMPO ALLEGRO DR**
CITY - ST - ZIP **BOCA RATON FL**2.1 TITLE **D** ☐ Change ☐ Addition
2.2 NAME **Loren Wayne**
2.3 STREET ADDRESS **21397 Campo Allegro Drive**
2.4 CITY - ST - ZIP **Boca Raton, FL 33433**TITLE **S** ☐ DELETE
NAME **HAROLD JAFFE**
STREET ADDRESS **21374 PLACIA TERR.**
CITY - ST - ZIP **BOCA RATON FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE **T** ☐ DELETE
NAME **GREENWALD, JEROME**
STREET ADDRESS **21362 CAMPO ALLEGRE DR.**
CITY - ST - ZIP **BOCA RATON FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE **D** ☒ DELETE
NAME **SANFORD, EPSTEIN**
STREET ADDRESS **6805 ALLEGRE EPSTEIN**
CITY - ST - ZIP **BOCA RATON FL 33433**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/10/97
Date1-561-4884983
Daytime Phone # 0025824

CR2E037 (9/96)