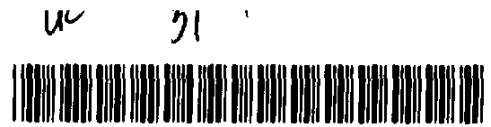


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751525 (7)**  
1. Corporation Name  
**PRADERA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>21367 CAMPO ALLEGRO DR. BOCA RATON FL 33433 US</b>	Mailing Address <b>C/O BENCHMARK PROP. 7832 WILES RD CORAL SPRINGS FL 33067</b>
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3. Date Incorporated or Qualified <b>03/12/1980</b>	
4. FEI Number <b>59-2154960</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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 <b>Lewis Miller</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>21375 Sonesta Way</b>
83 City <b>Boca Raton</b>
84 Zip Code <b>FL 33433</b>

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: *Lewis Miller* **LEWIS MILLER, PRESIDENT** DATE: **3/27/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEWIS MILLER</b>
STREET ADDRESS	<b>21375 SONESTA WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>MICHELINA DION</b>
STREET ADDRESS	<b>21375 CAMPO ALLEGRO DR</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>HAROLD JAFFE</b>
STREET ADDRESS	<b>21374 PLACIA TERR.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>GREENWALD, JEROME</b>
STREET ADDRESS	<b>21382 CAMPO ALLEGRE DR.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COHEN, MURIEL</b>
STREET ADDRESS	<b>21380 CAMPO ALLEEGO DR</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WAYNE, LOREN</b>
STREET ADDRESS	<b>21397 CAMPO ALLEGRO DR</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Lewis Miller</b>
1.3 STREET ADDRESS	<b>21375 Sonesta Way</b>
1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Donna Gottlieb</b>
2.3 STREET ADDRESS	<b>6891 Palmar Court</b>
2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>
3.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Fred Doctor</b>
3.3 STREET ADDRESS	<b>21367 Campo Allegro Dr.</b>
3.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>
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 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 as an attachment with an address.

SIGNATURE: *Lewis Miller* **LEWIS MILLER, PRESIDENT** DATE: **3/27/98** 561-488-2026

CR2E037 (10/97)