

**FILE NOW: FILING FEE IS \$61.25**

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**Secretary of State**

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 751525**

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



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number
22	City & State	27	City & State		Applied For
23	Zip	28	Zip	5.	Certificate of Status Desired
24	Country	29	Country		Not Applicable
		30			\$8.75 Additional Fee Required
				6.	Election Campaign Financing Trust Fund Contribution
					\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MILLER, LEWIS</b> 21375 SONESTA WY BOCA RATON FL 33433				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	S-Director
NAME	MILLER, LEWIS	1.2 NAME	Harold Jaffe
STREET ADDRESS	21375 SONESTA WY	1.3 STREET ADDRESS	21374 Placida Terrace
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	D	2.1 TITLE	
NAME	GOTTLIEB, DONNA	2.2 NAME	
STREET ADDRESS	6891 PALMAR CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	DOCTOR, FRED	3.2 NAME	
STREET ADDRESS	21367 CAMPO ALLEGRO DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	GREENWALD, JEROME	4.2 NAME	
STREET ADDRESS	21362 CAMPO ALLEGRE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	COHEN, MURIEL	5.2 NAME	
STREET ADDRESS	21380 CAMPO ALLEGO DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] PRESIDENT  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: 3/26/99 DAYTIME PHONE #: 561-488-2026

CR2E037 (11/98)