2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

DOCUMENT # 751525 ... Apr 03, 2000 8:00 am Secretary of State 1. Entity Name PRADERA HOMEOWNERS ASSOCIATION, INC. 04-03-2000 90201 015 ****61.25 Principal Place of Business Mailing Address C/O BENCHMARK PROP. 21367 CAMPO ALLEGRO DR. **BOCA RATON FL 33433** 7932 WILES RD CORAL SPRINGS FL 33067-2071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2154960 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MILLER, LEWIS 21375 SONESTA WY **BOCA RATON FL 33433** Zip Code City FL 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. SIGNATURE DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change Addition TITLE Delete TITLE Dir- VP MILLER, LEWIS NAME NAME Edwards, George STREET ADDRESS STREET ADDRESS 21375 SONESTA WY 950 N. Federal Highway CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Pompano Beach, FL 33062 ☐ Change Dir-2nd VP Addition Delete TITLE TITLE SD NAME NAME JAFFE, HAROLD Dion, Mickie STREET ADDRESS STREET ADDRESS 21374 PLACIDA TERRACE 21370 Campo Allegro Drive CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Boca Raton, FL 33433 ☐ Change Addition Delete TITLE TITLE Dir-DOCTOR, FRED NAME NAME McKeever, Linda STREET ADDRESS STREET ADDRESS 21367 CAMPO ALLEGRO DR 6770 Pradera Drive CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Boca Raton, FL 33433 Change ☐ Addition ☐ Delete TITLE TITLE GREENWALD, JEROME NAME NAME STREET ADDRESS STREET ADDRESS 21362 CAMPO ALLEGRE DR. CITY-ST-ZIF CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE COHEN, MURIEL NAME STREET ADDRESS STREET ADDRESS 21380 CAMPO ALLEEGO DR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS 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 suppliemental 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 employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

954-344-5353

Daytime Phone #

3/16/00