

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90140 029 ****61.25

DOCUMENT # 751525

1. Entity Name
PRADERA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**21367 CAMPO ALLEGRO DR.
BOCA RATON, FL 33433 US**

Mailing Address
**C/O HAWK EYE MGMT
3901 N. FEDERAL HWY STE 202
BOCA RATON, FL 33431**

3007



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-NP

CR2E037 (11/05)

4. FCI Number
59-2154960

Approved For
Not Approved

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAWK EYV MANAGEMENT
3901 N. FEDERAL HWY
STE 202
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number's Not Accepted)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of the individual or entity designated for this purpose

(FCI) Registered agent by name, corporate name, or change

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	☐ Delete
DP	MCKEEVER, LINDA	6770 PRADERE DR	BOCA RATON, FL 33433	☐
D	JOHNS, SUSAN	6805 ALLEA RUS CT	BOCA RATON, FL 33433	☐
VP	BRUCE, PAULA	21326 PLACIDA TERR.	BOCA RATON, FL 33433	☐
T	PETERS, DORIS	21409 CAMPO ALLEGRO DR	BOCA RATON, FL 33433	☐
D	MASH, STEVEN	21530 LAGUANA DR	BOCA RATON, FL 33433	☐
D	MASH, MARSHA	21530 LAGUNA DR.	BOCA RATON, FL 33433	☒

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	☐ Change ☒ Addition
D	Barry Gruher	21467 Campo Allegro Dr	Boca Raton, FL 33433	☒
VP	JOHNS, SUSAN	6805 ALLEA RUS CT.	BOCA RATON, FL 33433	☒
T	BRUCE, PAULA	21326 PLACIDA TERR.	BOCA RATON, FL 33433	☒
S	PETERS, DORIS	21409 CAMPO ALLEGRO DR.	BOCA RATON, FL 33433	☒
DP	MASH, STEVEN	21530 LAGUANA DRIVE	BOCA RATON, FL 33433	☒
D	BONITAIOUS, CHARMAINE	6740 ALLEGRE COURT	BOCA RATON, FL 33433	☒

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

SIGNATURE:

Paula Bruce - O. Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # 751525 1. Entity Name PRADERA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 21367 CAMPO ALLEGRO DR. BOCA RATON, FL 33433 US			Mailing Address C/O HAWK EYE MGMT 3901 N. FEDERAL HWY STE 202 BOCA RATON, FL 33431		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2154960	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HAWK EYW MANAGEMENT 3901 N. FEDERAL HWY STE 202 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKEEVER, LINDA 6770 PRADERE DR BOCA RATON, FL 33433	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D JOHAS, SUSAN 6805 ALLEA RUS CT BOCA RATON, FL 33433		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP BRUCE, PAULA 21326 PLACIDA TERR. BOCA RATON, FL 33433		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T PETERS, DORIS 21409 CAMPO ALLEGRO DR BOCA RATON, FL 33433		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MASH, STEVEN 21530 LAGUANA DR BOCA RATON, FL 33433		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MASH, MARSHA 21530 LAGUNA DR. BOCA RATON, FL 33433		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D McKeever, Linda 6770 Pradera Dr. Boca Raton, FL 33433		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	