

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

04-14-2008 90041 015 ****61.25

DOCUMENT # 751525 1. Entity Name PRADERA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3901 N FEDERAL HWY #202 BOCA RATON, FL 33431 US			Mailing Address C/O HAWK EYE MGMT 3901 N. FEDERAL HWY STE 202 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66010592 	
City & State Zip Country		City & State Zip Country		03112008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2154960				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAWK EYEW MANAGEMENT 3901 N. FEDERAL HWY STE 202 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name: Karen Gagliano Esquire Street Address (P.O. Box Number is Not Acceptable): 955 N NW 11 Avenue City: Delray Beach FL Zip Code: 33445		
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: <i>Karen A. Gagliano</i> Signature, typed or printed name of registered agent and role if applicable.		KAREN A. Gagliano (NOTE: Registered Agent signature required when reinstating)		3/26/08 DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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	V BRADSHAW, TIMOTHY 21425 CAMPO ALLEGRO BOCA RATON, FL 33433	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAPPAPORT, STANLEY 6775 LAGO VISTA TERR BOCA RATON, FL 33433	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, GREG 6780 PRADERA DRIVE BOCA RATON, FL 33433	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERS, DORIS 21409 CAMPO ALLEGRO DR BOCA RATON, FL 33433	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASH, STEVEN 21530 LAGUANA DR BOCA RATON, FL 33433	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONITATIBUS, CHARMAINE 6790 ALLEGRE CT BOCA RATON, FL 33433	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peter Bonitatibus 6790 Allegre Court Boca Raton FL 33433 ☐ 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/7/08 5614827465 DATE Daytime Phone #		