

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751525

FILED
Apr 26, 2011
Secretary of State

Entity Name: PRADERA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3901 N FEDERAL HWY
#202
BOCA RATON, FL 33431 US

New Principal Place of Business:

21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

Current Mailing Address:

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

New Mailing Address:

21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

FEI Number: 59-2154960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAGLIANO, KAREN ESQ.
955 N NW 17 AVENUE
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S
Name: FORD, RON
Address: 21381 SONESTA WAY
City-St-Zip: BOCA RATON, FL 33433

Title: TR
Name: JOHNS, SUSAN
Address: 6805 ALLEGO DR.
City-St-Zip: BOCA RATON, FL 33433

Title: VP
Name: GELHARDT, HERB
Address: 21362 PLACIDA TERRACE
City-St-Zip: BOCA RATON, FL 33433

Title: D
Name: FOX, RONALD
Address: 6815 ALLEGRE CT.
City-St-Zip: BOCA RATON, FL 33433

Title: P
Name: MASH, STEVEN
Address: 21530 LAGUANA DR
City-St-Zip: BOCA RATON, FL 33433

Title: D
Name: HALBROOKS, BOBBY
Address: 21385 CAMPO ALLEGRE DR
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN MASH

P

04/26/2011

Electronic Signature of Signing Officer or Director

_____ Date