


FILE NOW: FILING FEE IS \$61.25

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Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005041 (6)  
1. Corporation Name  
EL PRADO HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

8000 PETERS ROAD 8000 PETERS ROAD  
200 200  
PLANTATION FL 33324 PLANTATION FL 33324

3. Date Incorporated or Qualified  
09/26/1996

4. FEI Number  
APPLIED FOR 65-0762309

Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 2020 SE 5th STREET 26 2020 SE 5th STREET

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Deerfield Beach Fla 28 Deerfield Beach Fla

Zip Country Zip Country

24 33441 25 Broward 29 33441 30 Broward

6. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

WEINBERG, STEVEN A ESQ. Ho  
8000 PETERS ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
El Prado Homeowners ASSOCIATION INC

82 Street Address (P.O. Box Number is Not Acceptable)  
2020 SE 5th STREET

83

84 City  
DEERFIELD BEACH FL 85 Zip Code  
33441

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 *[Signature]* Signature, typed or printed name of registered agent and title if applicable. (NOT Required if Agent signature required when returning) DATE 6-5-98

12. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | PD                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | BURSZEIN, NESTOR HUGO     |  |
| STREET ADDRESS | 10739 WEST ATLANTIC BLVD. |  |
| CITY-ST-ZIP    | CORAL SPRINGS FL 33071    |  |
| TITLE          | VPD                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | BURSZEIN, SARA            |  |
| STREET ADDRESS | 10739 WEST ATLANTIC BLVD. |  |
| CITY-ST-ZIP    | CORAL SPRINGS FL 33071    |  |
| TITLE          | SD                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | BURSZEIN, TATI            |  |
| STREET ADDRESS | 10739 WEST ATLANTIC BLVD. |  |
| CITY-ST-ZIP    | CORAL SPRINGS FL 33071    |  |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                          |  |
|--------------------|--------------------------|--|
| 1.1 TITLE          | PRESIDENT                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | LISA SHOOP               |  |
| 1.3 STREET ADDRESS | 2020 SE 5th ST           |  |
| 1.4 CITY-ST-ZIP    | DEERFIELD BEACH FL 33441 |  |
| 2.1 TITLE          | VIC PRESIDENT / D        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | JOHN SANTORE             |  |
| 2.3 STREET ADDRESS | 7 Beth Drive             |  |
| 2.4 CITY-ST-ZIP    | Manalapan N.J.           |  |
| 3.1 TITLE          | TREASURER                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | CANDY SRAVO / D          |  |
| 3.3 STREET ADDRESS | 2018 SE 5th ST           |  |
| 3.4 CITY-ST-ZIP    | DEERFIELD BEACH FL 33441 |  |
| 4.1 TITLE          | SECRETARY                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | MICHELLE BILELLA / D     |  |
| 4.3 STREET ADDRESS | 183 KENSINGTON AVE       |  |
| 4.4 CITY-ST-ZIP    | STATEN ISLAND NY 10305   |  |
| 5.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                          |  |
| 5.3 STREET ADDRESS |                          |  |
| 5.4 CITY-ST-ZIP    |                          |  |
| 6.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                          |  |
| 6.3 STREET ADDRESS |                          |  |
| 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.

SIGNATURE *[Signature]* 2-18-98 056198-0071

CR2E037 (10/97)