

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-29-1999 90059 050 *****61.25

DOCUMENT # N96000005041

1. Corporation Name

EL PRADO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2020 S E 5TH ST
DEERFIELD BCH FL 33441
US

Mailing Address

2020 S E 5TH ST
DEERFIELD BCH FL 33441
US



21 Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/26/1996	
22 City & State		27 City & State		4. FEI Number	
Zip		29 Zip		65-0762309	
Country		Country		Applied For	
25		30		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
24		29		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EL PRADO HOMEOWNERS ASSOCIATION INC 2020 S E 5TH ST DEERFIELD BCH FL 33441				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHOOP, LISA			1.2 NAME			
STREET ADDRESS	2020 S E 5TH ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BCH FL 33441			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANTORE, JOHN			2.2 NAME			
STREET ADDRESS	7 BETH DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	MANALAPAN NJ 33071			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIRAVO, CAROLYN			3.2 NAME			
STREET ADDRESS	2018 S E 5TH ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BCH FL 33441			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BILELLA, MICHELE			4.2 NAME			
STREET ADDRESS	183 KENSINGTON AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	STATEN ISLAND NY 10305			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99
Date Daytime Phone #