


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90086 003 ****61.25

DOCUMENT # N9600005041

1. Entity Name
EL PRADO HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

**2020 S E 5TH ST
DEERFIELD BCH FL 33441
US** **2018 SE 5TH ST
DEERFIELD BCH FL 33441
US**

2. Principal Place of Business 3. Mailing Address

2018 SE 5TH ST. **2018 SE 5TH ST.**

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

City & State City & State

DEERFIELD BCH, FL **DEERFIELD BCH, FL**

Zip Country Zip Country

33441 **USA** **33441** **USA**

4. FEI Number Applied For

65-0762309 Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**EL PRADO HOMEOWNERS ASSOCIATION INC
2020 S E 5TH ST
DEERFIELD BCH FL 33441**

7. Name and Address of New Registered Agent

Name **EL PRADO HOMEOWNERS ASSOCIATION INC**

Street Address (P.O. Box Number is Not Acceptable)
2018 SE 5TH ST.

City **DEERFIELD BEACH** FL Zip Code **33441**

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 **CAROLYN SIRAVO TD** *Carolyn Siravo* **1/21/04**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	P	<input checked="" type="checkbox"/> Delete
NAME	SHOOP, LISA	
STREET ADDRESS	2020 S E 5TH ST	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SANTORE, JOHN	
STREET ADDRESS	7 BETH DR	
CITY-ST-ZIP	MANALAPAN NJ 33071	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIRAVO, CAROLYN	
STREET ADDRESS	2018 S E 5TH ST	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BILELLA, MICHELE	
STREET ADDRESS	183 KENSINGTON AVE	
CITY-ST-ZIP	STATEN ISLAND NY 10305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERESA BILELLA	
STREET ADDRESS	183 KENSINGTON AVE.	
CITY-ST-ZIP	STATEN ISLAND, N.Y. 10305	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT BILELLA	
STREET ADDRESS	183 KENSINGTON AVE.	
CITY-ST-ZIP	STATEN ISLAND, N.Y. 10305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Carolyn Siravo* **CAROLYN SIRAVO** **1/21/04** **954-725-1600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #