

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90018 013 ****61.25



DOCUMENT # N96000005041
 1. Entity Name
 EL PRADO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business: 2018 SE 5TH ST. DEERFIELD BCH FL 33441 US
 Mailing Address: 2018 SE 5TH ST. DEERFIELD BCH FL 33441 US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip: Country

Barcode
 1st MOORE CR2E037 (10/04)
 4. FEI Number: 65-0762309
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EL PRADO HOMEOWNERS ASSOCIATION INC
 2018 SE 5TH ST.
 DEERFIELD BCH FL 33441

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____ DATE: 1/20/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005
 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	NAME: BILELLA, THERESA	STREET ADDRESS: 183 KENSINGTON AVE.	CITY-ST-ZIP: STATEN ISLAND NY 10305	<input type="checkbox"/> Delete
TITLE: VPD	NAME: BILELLA, VINCENT	STREET ADDRESS: 183 KENSINGTON AVE.	CITY-ST-ZIP: STATEN ISLAND NY 10305	<input type="checkbox"/> Delete
TITLE: TD	NAME: SIRAVO, CAROLYN	STREET ADDRESS: 2018 S E 5TH ST	CITY-ST-ZIP: DEERFIELD BCH FL 33441	<input type="checkbox"/> Delete
TITLE: SD	NAME: BILELLA, MICHELLE	STREET ADDRESS: 183 KENSINGTON AVE	CITY-ST-ZIP: STATEN ISLAND NY 10305	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P	NAME: BILELLA, THERESA	STREET ADDRESS: 11 SPRING LAKE BLVD	CITY-ST-ZIP: WARETOWN, N.J. 08758	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD	NAME: BILELLA, VINCENT	STREET ADDRESS: 11 SPRING LAKE BLVD.	CITY-ST-ZIP: WARETOWN, N.J. 08758	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

new address only in Block 11
Thank you.
C. Siravo

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 DATE: 1/20/05 DAYTIME PHONE #: 954-725-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR