


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000005041</b> 1. Entity Name <b>EL PRADO HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2018 SE 5TH ST. DEERFIELD BCH FL 33441 US</b>	Mailing Address <b>2018 SE 5TH ST. DEERFIELD BCH FL 33441 US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number <b>65-0762309</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>EL PRADO HOMEOWNERS ASSOCIATION INC 2018 SE 5TH ST. DEERFIELD BCH FL 33441</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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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 \_\_\_\_\_

Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature is required when re-registering)

<b>FILE NOW - FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete <b>P</b> <b>BILELLA, THERESA</b> <b>11 SPRING LAKE BLVD</b> <b>WARETOWN NJ 08758</b>
TITLE	<input type="checkbox"/> Delete <b>VPD</b> <b>BILELLA, VINCENT</b> <b>11 SPRING LAKE BLVD</b> <b>WARETOWN NJ 08758</b>
TITLE	<input type="checkbox"/> Delete <b>TD</b> <b>SIRAVO, CAROLYN</b> <b>2018 S E 5TH ST</b> <b>DEERFIELD BCH FL 33441</b>
TITLE	<input type="checkbox"/> Delete <b>SD</b> <b>BILELLA, MICHELE</b> <b>183 KENSINGTON AVE</b> <b>STATEN ISLAND NY 10305</b>
TITLE	<input type="checkbox"/> Delete _____ _____ _____
TITLE	<input type="checkbox"/> Delete _____ _____ _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 - 1/26/08 954-725-1600