

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005041

FILED
Jan 26, 2009
Secretary of State

Entity Name: EL PRADO HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2018 SE 5TH ST.
DEERFIELD BCH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

2018 SE 5TH ST.
DEERFIELD BCH, FL 33441 US

New Mailing Address:

FEI Number: 65-0762309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EL PRADO HOMEOWNERS ASSOCIATION INC
2018 SE 5TH ST.
DEERFIELD BCH, FL 33441 US

Name and Address of New Registered Agent:

SIRAVO, CAROLYN
2018 SE 5TH ST.
DEERFIELD BCH, FL 33441 US

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.

SIGNATURE: CAROLYN SIRAVO

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BILELLA, THERESA
Address: 11 SPRING LAKE BLVD
City-St-Zip: WARETOWN, NJ 08758

Title: VPD () Delete
Name: BILELLA, VINCENT
Address: 11 SPRING LAKE BLVD
City-St-Zip: WARETOWN, NJ 08758

Title: TD () Delete
Name: SIRAVO, CAROLYN
Address: 2018 S E 5TH ST
City-St-Zip: DEERFIELD BCH, FL 33441

Title: SD () Delete
Name: BILELLA, MICHELE
Address: 183 KENSINGTON AVE
City-St-Zip: STATEN ISLAND, NY 10305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN SIRAVO

TD

01/26/2009

Electronic Signature of Signing Officer or Director

Date