

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **751525** (7)

1. Corporation Name

PRADERA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**21367 CAMPO ALLEGRO DR.
BOCA RATON FL 33433
US**

**C/O BENCHMARK PROP.
7932 WILES RD
CORAL SPRINGS FL 33067**

3. Date Incorporated or Qualified

03/12/1980

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

4. FEI Number

59-2154960

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRED DOCTOR
21367 CAMPO ALLEGRO DR
BOCA RATON FL 33433**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☐ DELETE
NAME **D LEWIS MILLER**
STREET ADDRESS **21375 SONESTA WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ DELETE
NAME **D FORD, RONALD**
STREET ADDRESS **21381 SONESTA WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME **V MICHELINA DION**
STREET ADDRESS **21375 CAMPO ALLEGRO DR**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME **S HAROLD JAFFE**
STREET ADDRESS **21374 PLACIA TERR.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME **T GREENWALD, JEROME**
STREET ADDRESS **21362 CAMPO ALLEGRE DR.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME **D SANFORD, EPSTEIN**
STREET ADDRESS **6805 ALLEGRE EPSTEIN**
CITY-ST-ZIP **BOCA RATON FL 33433**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Frederick P. Doctor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK P. DOCTOR

6-19-96 407-488-4983

Date

Daytime Phone #

0006335

CR2E037 (3/96)