

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90310 003 ****61.25

DOCUMENT # 751525 1. Entity Name PRADERA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 21367 CAMPO ALLEGRO DR. BOCA RATON, FL 33433 US				Mailing Address C/O BENCHMARK PROP. 7932 WILES RD CORAL SPRINGS, FL 33067	
2. Principal Place of Business		3. Mailing Address 10 HAWK-EYE MGMT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3901 N. FEDERAL HWY. STE 202			
City & State		City & State BOCA RATON, FL			
Zip 33431	Country PAC	4. FEI Number 59-2154960		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT KAVE & ASSOC., P.A. 6261 NW 6TH WAY STE 103 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name HAWK-EYE MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 3901 N. FEDERAL HWY. STE 202 City BOCA RATON FL Zip Code 33431		
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 Paul N. Patti / Hawk-Eye Management 4/20/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE					
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKEEVER, LINDA 6770 PRADERE DR BOCA RATON, FL 33433	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARMATER, JOSEPH 21367 CAMPO ALLEGRE DR. BOCA RATON, FL 33433	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRUCE, PAULA 21326 PLACIDA TERR. BOCA RATON, FL 33433	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENWALD, JEROME 21362 CAMPO ALLEGRE DR. BOCA RATON, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B BONITATIBUS, CHARMINE 6790 ALLEGRE CT. BOCA RATON, FL 33433	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASH, MARSHA 21530 LAGUNA DR. BOCA RATON, FL 33433	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, SUSAN 6805 ALLEGRE CT BOCA RATON, FL 33433	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRESIDENT	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERS, DOLORES 21409 CAMPO ALLEGRE DR BOCA RATON, FL 33433	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SECRETARY	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASH, STEVEN 21530 LAGUNA DR. BOCA RATON, FL 33433	☐ Change ☒ Addition			
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: Paul N. Patti 4/20/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					