2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State
04-14-2008 90041 015 ****61.25

DOCUMENT # 751525

1. Entity Name
PRADERA HOMEOWNERS ASSOCIATION, INC.

66010592

Principal Place of Business	Mailing Address
3901 N FEDERAL HWY #202 BOCA RATON, FL 33431 US	C/O HAWK EYE MGMT 3901 N. FEDERAL HWY STE 202 BOCA RATON, FL 33431

03112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
HAWK'EYW MANAGEMENT 3901 N. FEDERAL HWY STE 202 BOCA RATON, FL 33431	Name: Karen Gagliano, Esquire Street Address (P.O. Box Number is Not Acceptable): 955 N NW 17 Avenue City: Delray Beach FL Zip Code: 33445

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: Karen A Gagliano — KAREN A. Gagliano — 3/26/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	V BRADSHAW, TIMOTHY 21425 CAMPO ALLEGRO BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RAPPAPORT, STANLEY 6775 LAGO VISTA TERR BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREGORY, GREG 6780 PRADERA DRIVE BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PETERS, DORIS 21409 CAMPO ALLEGRO DR BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MASH, STEVEN 21530 LAGUANA DR BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONITATIBUS, CHARMAINE 6790 ALLEGRE CT BOCA RATON, FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Peter Bonitatibus 6790 Allegre Court Boca Raton FL 33433	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained 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 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: _____ 5/7/08 5614827469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #