# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 01, 2009**
**Secretary of State**

DOCUMENT# 751525

**Entity Name:** PRADERA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3901 N FEDERAL HWY
#202
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HAWK EYE MGMT
3901 N. FEDERAL HWY STE 202
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number: 59-2154960** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAGLIANO, KAREN ESQ.
955 N NW 17 AVENUE
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | V | ( ) Delete |
| Name: | BRADSHAW, TIMOTHY | |
| Address: | 21425 CAMPO ALLEGRO | |
| City-St-Zip: | BOCA RATON, FL 33433 | |
| Title: | D | ( ) Delete |
| Name: | RAPPAPORT, STANLEY | |
| Address: | 6775 LAGO VISTA TERR | |
| City-St-Zip: | BOCA RATON, FL 33433 | |
| Title: | D | ( ) Delete |
| Name: | GREGORY, GREG | |
| Address: | 6780 PRADERA DRIVE | |
| City-St-Zip: | BOCA RATON, FL 33433 | |
| Title: | S | ( ) Delete |
| Name: | PETERS, DORIS | |
| Address: | 21409 CAMPO ALLEGRO DR | |
| City-St-Zip: | BOCA RATON, FL 33433 | |
| Title: | DP | ( ) Delete |
| Name: | MASH, STEVEN | |
| Address: | 21530 LAGUANA DR | |
| City-St-Zip: | BOCA RATON, FL 33433 | |
| Title: | D | ( ) Delete |
| Name: | BONITATIBUS, PETER | |
| Address: | 6790 ALLEGRE COURT | |
| City-St-Zip: | BOCA RATON, FL 33433 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | VP | (X) Change ( ) Addition |
| Name: | FORD, RON | |
| Address: | 21381 SONESTA WAY | |
| City-St-Zip: | BOCA RATON, FL 33433 | |
| Title: | D | (X) Change ( ) Addition |
| Name: | JOHNS, SUSAN | |
| Address: | 6805 ALLEGO DR. | |
| City-St-Zip: | BOCA RATON, FL 33433 | |
| Title: | D | (X) Change ( ) Addition |
| Name: | FULTS, THOMAS | |
| Address: | 21545 CAMPO ALLEGRO DR. | |
| City-St-Zip: | BOCA RATON, FL 33433 | |
| Title: | SD | (X) Change ( ) Addition |
| Name: | PETERS, DORIS | |
| Address: | 21409 CAMPO ALLEGRO DR | |
| City-St-Zip: | BOCA RATON, FL 33433 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | TD | (X) Change ( ) Addition |
| Name: | BONITATIBUS, PETER | |
| Address: | 6790 ALLEGRE COURT | |
| City-St-Zip: | BOCA RATON, FL 33433 | |

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: STEPHEN MASH PRES 04/01/2009

Electronic Signature of Signing Officer or Director — Date