

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90348 006 ****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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2154960**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**KAY & ROGER PA
6261 NW 6TH WAY
FORT LAUDERDALE FL 33309**

Name **Robert Kave & Associates, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
6261 NW 6 Way Suite 103
City **Fort Lauderdale** **FL** Zip Code **33309**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **DP** ☐ Delete
NAME **MCKEEVER, LINDA**
STREET ADDRESS **6770 PRADERE DR**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **Director VP** ☐ Change ☒ Addition
NAME **Armater, Joseph**
STREET ADDRESS **21367 Campo Allegre Drive**
CITY-ST-ZIP **Boca Eaton, FL 33433**

TITLE **2VPD** ☒ Delete
NAME **JAFFE, HAROLD**
STREET ADDRESS **21374 PLACIDA TERRACE**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **Director** ☐ Change ☒ Addition
NAME **Bruce, Paula**
STREET ADDRESS **21326 Placida Terr**
CITY-ST-ZIP **Boca Eaton, FL 33433**

TITLE **D** ☐ Delete
NAME **EDWARDS, GEORGE**
STREET ADDRESS **950 N FEDERAL HIGHWAY**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **PETERS, DORIS**
STREET ADDRESS **21409 CAMPO ALLEGRE DR.**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MASH, MARSHA**
STREET ADDRESS **21530 LAGUNA DR.**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Lucinda Lee Alexander

3/12/03

CR2E037 (10/02)