

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751525

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

**FILED**  
**Mar 05, 2018**  
**Secretary of State**  
**CC5463914220**

**Current Principal Place of Business:**

1599 NW 9TH AVENUE  
SUITE 2  
BOCA RATON, FL 33486

**Current Mailing Address:**

1599 NW 9TH AVENUE  
SUITE 2  
BOCA RATON, FL 33486 US

**FEI Number: 59-2154960**

**Certificate of Status Desired: Yes**

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

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

*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

**Officer/Director Detail :**

Title            SECRETARY  
Name            AN, AMY  
Address        21515 LAGUNA DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title            DIRECTOR  
Name            GRIFEL, BARBARA  
Address        21403 CAMPO ALLEGRO DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title            DIRECTOR  
Name            NEEL, BILL  
Address        21380 SONESTA WAY  
City-State-Zip: BOCA RATON FL 33433

Title            DIRECTOR  
Name            ORBACH, KEN  
Address        21380 PLACIDA TERRACE  
City-State-Zip: BOCA RATON FL 33433

Title            PRESIDENT  
Name            EDGAR, LAURIE  
Address        21430 LAGUNA DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title            TREASURER  
Name            BASS, KATHY  
Address        21415 ALLEGRO COURT  
City-State-Zip: BOCA RATON FL 33433

Title            VP  
Name            JOHNS, SUSAN  
Address        6805 ALLEGRO COURT  
City-State-Zip: BOCA RATON FL 33433

*I hereby 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 all other like empowered.*

**SIGNATURE: SUSAN JOHNS** \_\_\_\_\_

**VICE PRESIDENT**

**03/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date