

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751525

Entity Name: PRADERA HOMEOWNERS ASSOCIATION, INC.**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	BONITATIBUS, PETER
Address	1599 NW 9TH AVENUE SUITE 2
City-State-Zip:	BOCA RATON FL 33486

Title	PRESIDENT
Name	AN, AMY
Address	1599 NW 9TH AVENUE SUITE 2
City-State-Zip:	BOCA RATON FL 33486

Title	D
Name	GRIFEL, BARBARA
Address	1599 NW 9TH AVENUE SUITE 2
City-State-Zip:	BOCA RATON FL 33486

Title	DIRECTOR
Name	NEEL, BILL
Address	1599 NW 9TH AVENUE SUITE 2
City-State-Zip:	BOCA RATON FL 33486

Title	DIRECTOR
Name	ORBACH, KEN
Address	1599 NW 9TH AVENUE SUITE 2
City-State-Zip:	BOCA RATON FL 33486

Title	VP
Name	EDGAR, LAURIE
Address	1599 NW 9TH AVENUE STE. 2
City-State-Zip:	BOCA RATON FL 33486

Title	TREASURER
Name	BASS, KATHY
Address	1599 NW 9TH AVENUE STE. 2
City-State-Zip:	BOCA RATON FL 33486

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: AMY AN**PRESIDENT****04/13/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date