

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

MILLER, LEWIS
21375 SONESTA WY
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

Kaye & Roger PA

Street Address (P.O. Box Number is Not Acceptable)

6261 NW 6 Way

City

Ft 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.

SIGNATURE

Roger Kaye President

4/4/01

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MILLER, LEWIS	
STREET ADDRESS	21375 SONESTA WY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JAFFE, HAROLD	
STREET ADDRESS	21374 PLACIDA TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	EDWARDS, GEORGE	
STREET ADDRESS	950 N FEDERAL HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	T	<input type="checkbox"/> Delete
NAME	GREENWALD, JEROME	
STREET ADDRESS	21362 CAMPO ALLEGRE DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, MURIEL	
STREET ADDRESS	21380 CAMPO ALLEGO DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S2VP	<input type="checkbox"/> Delete
NAME	MICKIE, DION	
STREET ADDRESS	21370 CAMPO ALLEGRO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKeever, Linda	
STREET ADDRESS	6770 Pradera Drive	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Armater, Joseph	
STREET ADDRESS	21367 Campo Allegre Dr	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	Director-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dion, Mickie	
STREET ADDRESS	21370 Campo Allegre Dr	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Dion Mickie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/22/01

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90047 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)