2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90310 003 ****61.25

DOCUMENT # 751525

1. Entity Name
PRADERA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
21367 CAMPO ALLEGRO DR. BOCA RATON, FL 33433 US	C/O BENCHMARK PROP. 7932 WILES RD CORAL SPRINGS, FL 33067

03232005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.: c/o HAWK-EYE MGMT. 3901 N. FEDERAL HWY. STE 202
City & State	City & State: BOCA RATON, FL
Zip / Country	Zip: 33431 / Country: PAC

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	7. Name and Address of New Registered Agent
ROBERT KAVE & ASSOC., P.A. 6261 NW 6TH WAY STE 103 FORT LAUDERDALE, FL 33309	Name: HAWK-EYE MANAGEMENT Street Address (P.O. Box Number is Not Acceptable): 3901 N. FEDERAL HWY. STE 202 City: BOCA RATON FL Zip Code: 33431

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: X Paul N. Patti / Hawk-Eye Management 4/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MCKEEVER, LINDA 6770 PRADERE DR BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ARMATER, JOSEPH 21367 CAMPO ALLEGRE DR. BOCA RATON, FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNS, SUSAN 6805 ALLEGRO CT BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BRUCE, PAULA 21326 PLACIDA TERR. BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GREENWALD, JEROME 21362 CAMPO ALLEGRE DR. BOCA RATON, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PETERS, DORIS 21409 CAMPO ALLEGRO DR BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BONITATIBUS, CHARMAINE 6790 ALLEGRE CT. BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASH, MARSHA 21530 LAGUNA DR. BOCA RATON, FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASH, STEVEN 21530 LAGUNA DR. BOCA RATON, FL 33433	☐ Change ☒ Addition

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: Linda McKeever 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #