


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000004012	
<b>1. Entity Name</b> PRADERA OWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> 5517 SW 69TH TERRACE GAINESVILLE, FL 32608	<b>Mailing Address</b> 5517 SW 69TH TERRACE GAINESVILLE, FL 32608
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01032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 06-1677782	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  MILLER, DAVID M 5517 SW 69TH TERRACE GAINESVILLE, FL 32608
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<b>DO NOT WRITE IN THIS SPACE</b>
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**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** \_\_\_\_\_ (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**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DP MILLER, DAVID M 5517 SW 69TH TERRACE GAINESVILLE, FL 32608
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DV COX, ALISON L 5517 SW 69TH TERRACE GAINESVILLE, FL 32608
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DST BUCKLEY, BEVERLY 5517 SW 69TH TERRACE GAINESVILLE, FL 32608
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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02/12/05-80020-024 61.25

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Alison Cox **SECRETARY** 2/12/05 352-372-7736  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #