



2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000011211 1. Entity Name THE PRADO CONDOMINIUM (WPB) ASSOCIATION, INC.				FILED 06 NOV -6 PM 3: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business C/O THE RELATED GROUP 315 S. BISCAYNE BLVD, 3RD FLOOR MIAMI, FL 33131		Mailing Address 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			
2. Principal Place of Business 600 S. Dixie Highway Suite, Apt. #, etc.		3. Mailing Address 600 S. Dixie Highway Suite, Apt. #, etc.			
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number APPLIED FOR	
Zip 33401		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name SKRLD, INC. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE - SUITE 1102 City CORAL GABLES FL Zip Code 33134	
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 <u>Helio De Polne, Pres</u> DATE <u>11/1/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SALK, BARBARA 2828 CORAL WAY PENTHOUSE STE MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROCKER, BERTRAM 311 ELIAMAR ROAD WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOTTA, JOSE 2828 CORAL WAY PENTHOUSE STE MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEDRO MENDIGUREN 6646 WOODLAKE ROAD JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LOSADA, ALAN 2828 CORAL WAY PENTHOUSE STE MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARIO GOMES 9032 SPYGLASS PLACE DRIVE O'FALLEN, MO 63368
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 2em;">\$7117</div>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 10/24/06 01041 004 \$61.25 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Beth Jones, PRESIDENT</u> DATE <u>11/1/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					