

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # N05000011211

1. Entity Name
THE PRADO CONDOMINIUM (WPB) ASSOCIATION, INC.



Principal Place of Business
**600 S. DIXIE HIGHWAY
WEST PALM BEACH, FL 33401**

Mailing Address
**600 S. DIXIE HIGHWAY
WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-3992207

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134**

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IN THIS SPACE**

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CROCKER, BERTRAM**
STREET ADDRESS **311 ELLAMAR ROAD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE **V**
NAME **MENDIGUREN, PEDRO**
STREET ADDRESS **6646 WOODLAKE ROAD**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **T**
NAME **FLEMING, STEPHEN**
STREET ADDRESS **600 S. DIXIE HWY, UNIT 629**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **S**
NAME **CALABRESE, ANGELA**
STREET ADDRESS **1705 VESTAL DRIVE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **M**
NAME **STERLING, JOANNE**
STREET ADDRESS **600 SOUTH DIXIE HWY, UNIT 755**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000915723
02/14/08-80021-010-70.00

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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 another I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/08 561-588-0080