


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

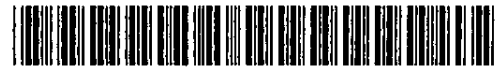
FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # 708533
 1. Entity Name
ELDORADO ESTATES ASSOCIATION, INC.



Principal Place of Business Mailing Address
1 ELDORADO PARKWAY **1 ELDORADO PARKWAY**
PLANTATION, FL 33317-3250 US **PLANTATION, FL 33317-3250 US**

DO NOT WRITE IN THIS SPACE



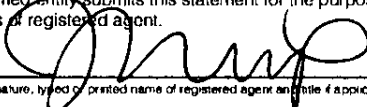
03062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1228389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHARP, JENNIFER
140 SW 91 AVE.
APT. 205
PLANTATION, FL 33324

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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:  DATE: **3/6/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

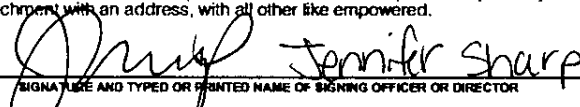
10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	JOHNSTON, MARIA
STREET ADDRESS	560 EL DORADO PARKWAY
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	T
NAME	WOODHAM, MARK
STREET ADDRESS	320 S.W. 75TH TERRACE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	SD
NAME	CREEKMUR, CAROLINE
STREET ADDRESS	7521 S W 1ST STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	PD
NAME	EDWARDS, SIOBHAN
STREET ADDRESS	540 SW 75 TERRACE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	V
NAME	MURRAY, BARRY
STREET ADDRESS	7221 S.W. 7TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000858456
 04/01/08-80047-022 61.25

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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 all other like empowered.

SIGNATURE:  DATE: **3/6/08** DAYTIME PHONE #: **954-583-0940**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR