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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741198 (6)

1. Corporation Name
ELDORADO COUNTRY CLUB TOWERS NORTH ASSOCIATION, NC.



Principal Place of Business 161 N.E. 10TH AVE. HALLANDALE FL 33009	Mailing Address 161 N.E. 10TH AVE. HALLANDALE FL 33009-4406
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3. Date Incorporated or Qualified 12/30/1977	3a. Date of Last Report 07/26/1996
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

4. FEI Number 59-1148347	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.
3111 STIRLING RD
P O BOX 9057
FT LAUDERDALE 33312-3525**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARINO, FRANK	
STREET ADDRESS	161 N.E. 10TH AVE. APT 8-B	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	NADEAU, ROLAND	
STREET ADDRESS	161 N.E. 10TH AVE. APT 9-C	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPANO, PASQUALE	
STREET ADDRESS	161 N.E. 10TH AVE. APT 2-C	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIZOGGIO, RAYMOND	
STREET ADDRESS	161 N.W. 10TH AVE. APT 9-A	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ONDREY, WALTER	
STREET ADDRESS	161 NE 10TH AVENUE APT 1A	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COSENTINO, CARMELO	
STREET ADDRESS	161 N.E. 10TH AVE. APT 14-B	
CITY-ST-ZIP	HALLANDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BETTY MEYERS	
1.3 STREET ADDRESS	1704 RALPH AVE # 4-E	
1.4 CITY-ST-ZIP	BROOKLYN NY 11236	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BERNARDO ABAL	
2.3 STREET ADDRESS	161 NE 10 AVE # 12A	
2.4 CITY-ST-ZIP	HALLANDALE FL 33009	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (9/96)