

3-26-98 B 3799 C  
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 Mar 26 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 741198 (6)

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



Principal Place of Business Mailing Address  
 161 N.E. 10TH AVE. HALLANDALE FL 33009  
 161 N.E. 10TH AVE. HALLANDALE FL 33009

3. Date Incorporated or Qualified  
 12/30/1977

4. FEI Number Applied For  
 59-1148347 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, FRANK	1.2 NAME	VALENTI, Josephine
STREET ADDRESS	161 N.E. 10TH AVE. APT 8-B	1.3 STREET ADDRESS	161 NE 10th. Avenue Apt 10-B
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	Hallandale, Fl. 33009 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	NADEAU, ROLAND	2.2 NAME	
STREET ADDRESS	161 N.E. 10TH AVE. APT 9-C	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANO, PASQUALE	3.2 NAME	
STREET ADDRESS	161 N.E. 10TH AVE. APT 2-C	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	3.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERES, BETTY MEYERS, Betty	4.2 NAME	
STREET ADDRESS	<del>161 NE 10TH AVE</del> 161 NE 10TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	<del>HALLANDALE FL</del> HALLANDALE FL APT. 9B	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONDREY, WALTER	5.2 NAME	
STREET ADDRESS	161 NE 10TH AVENUE APT 1A	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABAL, BERNARDO	6.2 NAME	D Jean-Guy Fournier
STREET ADDRESS	161 N.W. 10 AVE. #12A	6.3 STREET ADDRESS	161 NE 10th. avenue Apt. 5-C
CITY-ST-ZIP	HALLANDALE FL	6.4 CITY-ST-ZIP	Hallandale, Fl.

14. I 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: *Sandra B. Mortham, Sec. 3-26-98*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (10/97)