


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90033 031 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741198**

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/30/1977
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1148347
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, FRANK	1.2 NAME	
STREET ADDRESS	161 N.E. 10TH AVE. APT 8-B	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	4.2 NAME	
STREET ADDRESS	151 NE 10TH AVE APT. 313	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	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 type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOURNIER, JEAN GUY	6.2 NAME	
STREET ADDRESS	161 NE 10TH AVE APT 5-C	6.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: April 22, 1999 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)