

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90032 013 ****61.25

DOCUMENT # 741198

1. Entity Name

ELDORADO COUNTRY CLUB TOWERS NORTH ASSOCIATION,

Principal Place of Business

Mailing Address

161 N.E. 10TH AVE.
 HALLANDALE FL 33009

161 N.E. 10TH AVE.
 HALLANDALE FL 33009-4406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1148347

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE *Carlton T. Barclift*
Signature, typed or printed name of registered agent and title if applicable

03-09-00

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARINO, FRANK	
STREET ADDRESS	161 N.E. 10TH AVE. APT 8-B	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP D	<input type="checkbox"/> Delete
NAME	NADEAU, ROLAND	
STREET ADDRESS	161 N.E. 10TH AVE. APT 9-C	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPANO, PASQUALE	
STREET ADDRESS	161 N.E. 10TH AVE. APT 2-C	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DVP D	<input type="checkbox"/> Delete
NAME	MYERES, BETTY Meyers, Betty	
STREET ADDRESS	161 NE 10TH AVE APT. 313 Apt. 3-B	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ONDREY, WALTER	
STREET ADDRESS	161 NE 10TH AVENUE APT 1A	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOURNIER, JEAN GUY	
STREET ADDRESS	161 NE 10TH AVE APT 5-C	
CITY-ST-ZIP	HALLANDALE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lukens, Richard	
STREET ADDRESS	161 N.E. 10th. Ave. Apt. 4-B	
CITY-ST-ZIP	Hallandale, Fl. 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	England, Diane	
STREET ADDRESS	161 N.E. 10th. Ave. Apt. 1-A	
CITY-ST-ZIP	Hallandale, Fl. 33009	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barclift, Carlton	
STREET ADDRESS	161 N.E. 10th. Ave. Apt. 5-B	
CITY-ST-ZIP	Hallandale, Fl. 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Carlton T. Barclift*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-09-00 **954-456-4099**
Date Daytime Phone #

CR2E037 (9/99)