2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# N06000005099

Entity Name: ELDORADO PLAZA WEST ASSOCIATION, INC.

Current Principal Place of Business:

180-200 NE 12TH AVENUE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8290
C/O UNIFIED PROPERTY SERVICES
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 51-1165907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WORKMAN, GLENN
200 NE 12TH AVE
APT 2B
HALLANDALE BEACH, FL 33309 US

Name and Address of New Registered Agent:

WORKMAN, GLENN PRES
200 NE 12TH AVE
APT 2B
HALLANDALE BEACH, FL 33309 US

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: GLEN WORKMAN 01/21/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WORKMAN, GLEN
Address: 200 NE 12TH AVENUE # 2B
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VP ( ) Delete
Name: RON, KOLLER
Address: 200 NE 12TH AVE # 2B
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SD ( ) Delete
Name: SUPINO, VINCENT
Address: 180 NE 12TH AVENUE # 12D
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: TD ( ) Delete
Name: TSAKALUS, EVANGELOS
Address: 200 NE 12TH AVENUE, # 7A
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D ( ) Delete
Name: STEVENS, BARBARA
Address: 180 NE 12TH AVENUE, # 7E
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VD ( ) Delete
Name: KEOUGH, JOHN
Address: 200 NE 12TH AVENUE # 4C
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN WORKMAN PRES 01/21/2008
Electronic Signature of Signing Officer or Director Date