## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

702533

**/**5\

1. Corporation	MENT# / UOOOO n Name	(5)							
ELDORADO ESTATES ASSOCIATION INC									
Principal Place	of Business	Mailing Address				!			
1 ELDORADO PARKWAY 1 ELDORADO PARKWAY			.v						
PLANTATION FL 33317-3250 PLANTATION FL 33317-3250									
						Date Incorporated or Qualified	3a. Date o	of Last I	
						02/25/1965	04/	06/19	95
	ace of Business	2a. Mailing Address				4. FEI Number <b>59-1228389</b>		<del></del>	opplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					•	$\rightarrow$	Not Applicable Additional
22		27				5. Certificate of Status Desired	<u> </u>		Required
City & State		City & State				6. Election Campaign Financing			May Be
<b>23</b> Zip	Country	<b>28</b> Zip	Country	,		Trust Fund Contribution			to Fees
24	25	29	30			8. This corporation has liability for inter- Florida Statutes	angibie taxui Yes ∐No		199.032,
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
COV ED	ARIIZ 147		Bí	Name					
COX, FR/ 7181 SW			B2	Street	Addres	s (P.O. Box Number is Not Acceptable)			
	ON FL 33317		B3						
			84	City			10	15 Zip	Code
				L			FL		
or register	to the provisions of Sections 617.0502 a ed agent, or both, in the State of Florida	<ul> <li>a. Such change was authorized</li> </ul>	zed by the corp						
familiar wit	th, and accept the obligations of, Section	n 617.0503, Florida Statute:	S.						
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable (N	OTE: Registered Age	ot signature	required w	hen reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIF	ECTO	3S IN 12
TITLE	VD Gallagher, Thomson	DELETE	1.1 TITLE				□ c	hange	Addition Addition
NAME STREET ADDRESS	7220 SW 7 ST		1.2 NAME	T ADDRESS					
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-1						
TITLE	VD	DELETE	21 TITLE	21 - 24	1		c	hange	☐ Addition
NAME	MORRIS, HARRIET								
STREET ADDRESS	7421 SW 5 ST		2 3 STREE	r address					
CITY-ST-ZIP TITLE	PLANTATION, FL 00000	DELETE	2. 4 C/TY- 3.1 T/TLE	ST-ZIP	<del> </del>		KOP) C	hange	Addition
NAME	SAUTTER, C. C		3.2 NAME		TD	nms, William J.	EU .	nange	Addition
STREET ADDRESS	221 EL DORADO PARKWAY		1	r address		l SW 75 Terrace			
CITY - ST - ZIP	PLANTATION FL		3.4. CITY-		F .	antation, FL 3331	7		
TITLE	SD SDESIGNED A CARE	DELETE	4.1 TITLE				□ c	hange	Addition
NAME	CREEKMUR, LOUIS		4. 2 NAME						
STREET ADDRESS	7521 S. W. 1ST STREET PLANTATIONM FL.			f Address					
CITY-ST-ZIP	PD PD	DELETE	4.4 CITY-1	ST-ZIP	-		<u> </u>		FT Addition
TITLE NAME	EDWARDS, BRUCE	Morreit	5.1 TITLE 5.2 NAME					hange	Addition
STREET ADDRESS	540 S.W. 75TH TERRACE			F ADDRESS					
CITY-ST-ZIP	PLANTATION FL		5.4 CITY - 1						
TITLE	,	DELETE	6.1 TITLE		1		C	hange	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	r adoress					
CITY-ST-ZIP	and the second of the second o	no alice and a construction of the second	6.4 C(TY - )			n : :	(O) # 1 F:	<u> </u>	
certify that	y certify that the information supplied w the information indicated on this annua	al report or supplemental ann	nual report is tri	ue and ad	ccurate	and that my signature shall have the sa	me legal effe	ct as if i	made under
oath; that appears in	I am an officer or director of the corpora Block 12 or Block 13 if changed, or or	ation or the receiver or trusten an attachment with an add	e empowered fress.	10 execu	te this n	eport as required by Chapter 617, Florid	da Statutes; a	and that	I my name

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Creekmur

3/19/96 954-583-0940