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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 708533 (5)

1. Corporation Name

ELDORADO ESTATES ASSOCIATION INC

Principal Place of Business

Mailing Address

1 ELDORADO PARKWAY  
PLANTATION FL 33317-3250

1 ELDORADO PARKWAY  
PLANTATION FL 33317-3250



3. Date Incorporated or Qualified  
02/25/1965

3a. Date of Last Report  
03/26/1996

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

29 Country

4. FEI Number

59-1228389

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Election Campaign Financing

5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COX, FRANK W.  
7181 SW 6TH ST.  
PLANTATION FL 33317

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 VD  
NAME GALLAGHER, THOMSON  
STREET ADDRESS 7220 SW 7 ST  
CITY- ST- ZIP PLANTATION FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

TITLE VD  
NAME MORRIS, HARRIET  
STREET ADDRESS 7421 SW 5 ST  
CITY- ST- ZIP PLANTATION, FL 00000

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE TD  
NAME SIMMS, WILLIAM J.  
STREET ADDRESS 381 SW 75 TERRACE  
CITY- ST- ZIP PLANTATION FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE SD  
NAME CREEKMUR, LOUIS  
STREET ADDRESS 7521 S. W. 1ST STREET  
CITY- ST- ZIP PLANTATION FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE PD  
NAME EDWARDS, BRUCE  
STREET ADDRESS 540 S.W. 75TH TERRACE  
CITY- ST- ZIP PLANTATION FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS CREEKMUR 3/20/97 588-0940

Date

Daytime Phone # 0036584

CR2E037 (9/96)