

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 07, 2007
Secretary of State**

DOCUMENT# 708533

Entity Name: ELDORADO ESTATES ASSOCIATION INC

Current Principal Place of Business:

1 ELDORADO PARKWAY
PLANTATION, FL 333173250 US

New Principal Place of Business:

Current Mailing Address:

1 ELDORADO PARKWAY
PLANTATION, FL 333173250 US

New Mailing Address:

FEI Number: 59-1228389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEMMER, KATHRYN L MRS.
640 SW 75 TERRACE
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SOSA, GILBERT
Address: 7000 SW 7TH STREET
City-St-Zip: PLANTATION, FL 33317 US

Title: VD () Delete
Name: MORRIS, HARRIET
Address: 7421 SW 5TH ST
City-St-Zip: PLANTATION, FL 33317 US

Title: TD () Delete
Name: ECKART, ROY
Address: 7461 SW 7TH STREET
City-St-Zip: PLANTATION, FL 33317 US

Title: SD () Delete
Name: CREEKMUR, LOUIS
Address: 7521 S W 1ST STREET
City-St-Zip: PLANTATION, FL 33317 US

Title: PD () Delete
Name: EDWARDS, SIOBHAN
Address: 540 SW 75 TERRACE
City-St-Zip: PLANTATION, FL 33317 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: JOHNSTON, MARIA
Address: 560 EL DORADO PARKWAY
City-St-Zip: PLANTATION, FL 33317 US

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

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

Title: SD (X) Change () Addition
Name: CREEKMUR, CAROLINE
Address: 7521 S W 1ST STREET
City-St-Zip: PLANTATION, FL 33317 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SIOBHAN EDWARDS

PD

03/07/2007

Electronic Signature of Signing Officer or Director

_____ Date