


FILE NOW: FILING FEE IS \$61.25

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**Mar 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741093 (9)

1. Corporation Name
EL DORADO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1109 BEL AIR DRIVE # 6 HIGHLAND BEACH FL 33487 US	Mailing Address 1109 BEL AIR DRIVE # 2 HIGHLAND BEACH FL 33487 US
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3. Date Incorporated or Qualified 12/21/1977
4. FEI Number 59-2022863
Applied For <input type="checkbox"/>
Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 1109 BEL AIR DRIVE	2a. Mailing Address 28
Suite, Apt. #, etc. 22 # 2	Suite, Apt. #, etc. 27
City & State 23 HIGHLAND BEACH FL	City & State 28
Zip 24 33487	Country 25 US
	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FREIDA MARTIN
1109 BEL AIR DRIVE
#2
HIGHLAND BEACH FL 33487**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	MARTIN, FRIEDA	
STREET ADDRESS	1109 BELAIR DR #2	
CITY-ST-ZIP	HIGHLAND BCH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOSS, ROBERT W.	
STREET ADDRESS	1115 BELL AIR DR., #5	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRUENTHAL, HEINZ	
STREET ADDRESS	1115 BEL AIR DRIVE, #8	
CITY-ST-ZIP	HIGHLAND BCH. FL	
TITLE	ERIC WOLF VD	<input type="checkbox"/> DELETE
NAME	1109 BEL AIR DRIVE #3	
STREET ADDRESS	HIGHLAND BEACH, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 *Eric Wolf* 3-9-98-561-278-4462

CP2E037 (10/97)