

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741093

FILED

1. Entity Name

EL DORADO CONDOMINIUM ASSOCIATION, INC.

00 FEB 24 PM 1:56

Principal Place of Business

Mailing Address

1109 BEL AIR DRIVE
SUITE 2
HIGHLAND BEACH FL 33487
US

1109 BEL AIR DRIVE # 2
HIGHLAND BEACH FL 33487-4281
US



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

905671



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2022863

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Joseph Correnti
Street Address (P.O. Box Number is Not Acceptable)
1109 bel air dr #2

City *highland beach* FL | Zip Code *33487*

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MARTIN, FRIEDA
1109 BELAIR DR #2
HIGHLAND BCH, FL 00000 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
Correnti, joseph
1109 bel air dr #2
highland beach A. 33487 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MOSS, ROBERT W.
1115 BELL AIR DR., #5
HIGHLAND BEACH FL Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
fasorsa, robert
1109 bel air dr #2
highland beach FL 33487 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WOLF, ERIC
1109 BEL AIR DRIVE #3
HIGHLAND BEACH FL Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003170101--3
-03/14/00--01126--020
*****61.25 *****61.25 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, when all like empowers.

SIGNATURE:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #