

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90206 042 \*\*\*\*61.25

**DOCUMENT # 741093**

1. Entity Name

**EL DORADO CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 160115  
 ALTAMONTE SPRINGS FL 32716-0115  
 US

P. O. BOX 160115  
 ALTAMONTE SPRINGS FL 32716-0115  
 US

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 Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRIGGLE, WILLIAM A**  
**498 ESTHER LANE**  
**ALTAMONTE SPRINGS FL 32714**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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	STD	<input checked="" type="checkbox"/> Delete
NAME	CORRENTI, JOSEPH	
STREET ADDRESS	1109 BELAIR DR #1	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LASORSA, ROBERT	
STREET ADDRESS	1115 BELL AIR DR., #2	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WOLF, ERIC	
STREET ADDRESS	1109 BEL AIR DRIVE #3	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gandy, Tim	
STREET ADDRESS	417 E. Hayes Ave	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bean, Dave	
STREET ADDRESS	101 Red Bay Dr.	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gray, Joyce	
STREET ADDRESS	3065 Slater Ave Lot 39	
CITY-ST-ZIP	Kentwood, MI 49512	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eagle, Maura	
STREET ADDRESS	401 E. Hayes Ave.	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Briggle, Bill	
STREET ADDRESS	Po Box 160115	
CITY-ST-ZIP	Altamonte Springs, FL 32716	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernsler, gene	
STREET ADDRESS	2348 Sparrow Ave.	
CITY-ST-ZIP	Sebring, FL 33872	

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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 407-774-1874  
 Date Daytime Phone #

CR2E037 (9/01)