


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90016 008 ****61.25

DOCUMENT # 741093					
1. Entity Name EL DORADO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business P. O. BOX 160115 C/O MACAW PROPERTIES INC ALTAMONTE SPRINGS FL 32716 US			Mailing Address P. O. BOX 160115 C/O MACAW PROPERTIES INC ALTAMONTE SPRINGS FL 32716 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2022863	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent BRIGGLE, WILLIAM A B. 498 ESTHER LANE ALTAMONTE SPRINGS FL 32714			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GANDY, TIM		NAME	Perales Maria	
STREET ADDRESS	417 E HAYES AVE		STREET ADDRESS	1555 Stefan Cde Lane	
CITY-ST-ZIP	COCOA BEACH FL 32901		CITY-ST-ZIP	Apopka, FL	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAN, DAVE		NAME		
STREET ADDRESS	101 RED BAY DR		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, JOYCE		NAME		
STREET ADDRESS	3065 SLATER AVE LOT 39		STREET ADDRESS	407 E. Hayes Ave.	
CITY-ST-ZIP	KENTWOOD MI 48613		CITY-ST-ZIP	Cocoa beach, FL 32931	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNISLER, GENE		NAME	Marcoccia Lora	
STREET ADDRESS	2348 SPARROW AVE		STREET ADDRESS	419 E. Hayes Ave.	
CITY-ST-ZIP	SEBRING FL 33872		CITY-ST-ZIP	Cocoa beach, FL 32931	
TITLE	D	<input type="checkbox"/> Delete	TITLE	President-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGLE, BILL		NAME		
STREET ADDRESS	P.O. BOX 160115		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32716		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCELLO, DAVE		NAME		
STREET ADDRESS	220 DORCHESTER SQ		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP		



MOORE CR2E037 (11/03)

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]* _____ *[Signature]* **1-22-04** **407-774-1874**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #