

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741093

FILED
Jan 18, 2005
Secretary of State

Entity Name: EL DORADO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 160115
C/O MACAW PROPERTIES INC
ALTAMONTE SPRINGS, FL 32716 US

Current Mailing Address:

P. O. BOX 160115
C/O MACAW PROPERTIES INC
ALTAMONTE SPRINGS, FL 32716 US

New Principal Place of Business:

1115 BEL AIR DR.
#3
HIGHLAND BEACH, FL 33487 US

New Mailing Address:

20 ESTATES DR.
DOYLESTOWN, PA 18901 US

FEI Number: 59-2022863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DEBORAH, GRUELLE T
1115 BEL AIR DR.
#5
HIGHLAND, FL 33487 US

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: DEBORAH T GRUELLE 01/18/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERALES, MARIE
Address: 1555 STEFAN COLE LANE
City-St-Zip: APOPKA, FL

Title: VD () Delete
Name: BEAN, DAVE
Address: 101 RED BAY DR
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: GRAY, JOYCE
Address: 407 E.HAYES AVE.
City-St-Zip: COCOA BEACH, FL 32931

Title: TD (X) Delete
Name: MARCOCCIA, LORA
Address: 419 E. HAYES AVE.
City-St-Zip: COCOA BEACH, FL 32931

Title: PD (X) Delete
Name: BRIGGLE, BILL
Address: P.O. BOX 160115
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRUELLE, DEBORAH T
Address: 20 ESTATES DR.
City-St-Zip: DOYLESTOWN, PA 18901

Title: VD (X) Change () Addition
Name: HEARN, PETER
Address: 1109 BEL AIR DR. UNIT #3
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: STD (X) Change () Addition
Name: CORRENTI, JOESEPH
Address: 1109 BEL AIR DR. UNIT #1
City-St-Zip: HIGHLAND BEACH, FL 33487

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

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 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 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: DEBORAH TOLL GRUELLE PD 01/18/2005
Electronic Signature of Signing Officer or Director Date