


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90037 002 \*\*\*\*61.25

<b>DOCUMENT # 741093</b>					
1. Entity Name EL DORADO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1115 BEL AIR DR. #3 HIGHLAND BEACH, FL 33487 US			Mailing Address 20 ESTATES DR. DOYLESTOWN, PA 18901 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	
6. Name and Address of Current Registered Agent DEBORAH, GRUELLE T 1115 BEL AIR DR. #5 HIGHLAND, FL 33487			7. Name and Address of New Registered Agent Name: ROBERT LASORSA Street Address (P.O. Box Number is Not Acceptable) 1109 1109 BEL AIR DRIVE #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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Robert Lasorsa Pres.</i> (NOTE: Registered Agent signature required when reinstating) DATE: 01-23-06					
Filing Fee is \$61.25 Due by May 1, 2006		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	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRUELLE, DEBORAH T	NAME	ROBERT LASORSA		
STREET ADDRESS	20 ESTATES DR.	STREET ADDRESS	1109 BEL AIR DRIVE #2		
CITY-ST-ZIP	DOYLESTOWN, PA 18901	CITY-ST-ZIP	HIGHLAND BEACH FL 33487		
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<del>DIRECTOR</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEARN, PETER	NAME	<del>KAREN GURZENTHAL</del>		
STREET ADDRESS	1109 BEL AIR DR. UNIT #3	STREET ADDRESS	<del>1109 BEL AIR DR #6</del>		
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP	<del>HIGHLAND BEACH FL 33487</del>		
TITLE	STD <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CORRENTI, JOSEPH	NAME	MARIN GURZENTHAL		
STREET ADDRESS	1109 BEL AIR DR. UNIT #1	STREET ADDRESS	311 OREGON LANE		
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP	BOCA RATON, FL 33487-1431		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Robert Lasorsa Pres</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 01/23/06 Daytime Phone #: 9575202359	

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01242006 Chg-NP CR2E037 (11/05)

Applied For  
Not Applicable

Additional Fee Required

01-23-06

Filing Fee is \$61.25 Due by May 1, 2006

Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	GRUELLE, DEBORAH T
STREET ADDRESS	20 ESTATES DR.
CITY-ST-ZIP	DOYLESTOWN, PA 18901
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	HEARN, PETER
STREET ADDRESS	1109 BEL AIR DR. UNIT #3
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	STD <input type="checkbox"/> Delete
NAME	CORRENTI, JOSEPH
STREET ADDRESS	1109 BEL AIR DR. UNIT #1
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT LASORSA
STREET ADDRESS	1109 BEL AIR DRIVE #2
CITY-ST-ZIP	HIGHLAND BEACH FL 33487
TITLE	<del>DIRECTOR</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>KAREN GURZENTHAL</del>
STREET ADDRESS	<del>1109 BEL AIR DR #6</del>
CITY-ST-ZIP	<del>HIGHLAND BEACH FL 33487</del>
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIN GURZENTHAL
STREET ADDRESS	311 OREGON LANE
CITY-ST-ZIP	BOCA RATON, FL 33487-1431
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: *Robert Lasorsa Pres* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 01/23/06 Daytime Phone #: 9575202359