


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90062 006 \*\*\*\*61.25

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # 741093</b>  |   |    |   |
| 1. Entity Name<br>EL DORADO CONDOMINIUM ASSOCIATION, INC.   |   |   |   |
| Principal Place of Business<br>1115 BEL AIR DR.<br>#3<br>HIGHLAND BEACH, FL 33487 US  |   | Mailing Address<br>20 ESTATES DR.<br>DOYLESTOWN, PA 18901 US  |   |
| 2. Principal Place of Business - No P.O. Box #<br>1109 Bel Air Dr<br>Suite, Apt. #, etc. #2   |   | 3. Mailing Address<br>1109 Bel Air Dr<br>Suite, Apt. #, etc. #2   |   |
| City & State<br>Highland Beach FL   |   | City & State<br>Highland Beach, FL  |   |
| Zip<br>33487  |   | Zip<br>33487  |   |
| Country<br>USA  |   | Country<br>USA  |   |
| 4. FEI Number<br>59-2022863   |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br>LASORJA, ROBERT<br>1109 BEL AIR DR.<br>#2<br>HIGHLAND, FL 33487  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 02/13/07   |   |
| Filing Fee is \$61.25<br>Due by May 1, 2007   |   | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>LASORJA, ROBERT<br>1109 BEL AIR DRIVE #2<br>BOCA RATON, FL 33487 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STD<br>CORRENTI, JOSEPH<br>1109 BEL AIR DR. UNIT #1<br>HIGHLAND BEACH, FL 33487 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>Correnti, Joseph<br>20 372120<br>Satellite Beach FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HERNANDEZ, KARIN<br>311 OREGON LANE<br>BOCA RATON, FL 334871431 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>Karin Hernandez<br>311 OREGON LANE, BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>Albany Fernandes<br>8108 Mississippi Rd.<br>Laurel, MD 20724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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 enumerated. |   |   |   |
| SIGNATURE:   |   | DATE: 02/13/07 9545202359   |   |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | DATE  |   |