

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745011 (7)

1. Corporation Name

ELDORADO COUNTRY CLUB APARTMENTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

160 N.E. 8TH. AVE.
HALLANDALE FL 33009

160 N.E. 8TH. AVE.
HALLANDALE FL 33009

3. Date Incorporated or Qualified
11/21/1978

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1115957

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

24

Country

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FEDERICO GULDO
160 N.E. 8TH AVENUE
APT 6-A
HALLANDALE FL 33009**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD BARSALOU, JEAN**
STREET ADDRESS **160 N.E. 8TH AVE.**
CITY - ST - ZIP **HALLANDALE FL**

1.1 TITLE Change Addition
1.2 NAME **D Peterson, Marilyn**
1.3 STREET ADDRESS **16 ONE B AVENUE**
1.4 CITY - ST - ZIP **HALLANDALE FL**

TITLE DELETE
NAME **VPD REGEAN, MARTIN**
STREET ADDRESS **160 N.E. 8TH AVE.**
CITY - ST - ZIP **HALLANDALE FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DELETE
NAME **TD SHERRIFF, E**
STREET ADDRESS **160 N.E. 8TH AVE.**
CITY - ST - ZIP **HALLANDALE FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE
NAME **SD BLATCHLEY, B**
STREET ADDRESS **160 N.E. 8TH AVE. APT.**
CITY - ST - ZIP **HALLANDALE FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME **D CUNIO, M**
STREET ADDRESS **160 N.E. 8TH. ST. APT.**
CITY - ST - ZIP **HALLANDALE FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME **D GAGNON, LISE**
STREET ADDRESS **160 N.E. 8TH. AVE. APT.**
CITY - ST - ZIP **HALLANDALE FL**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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

1/26/96
Date

457-8147
Daytime Phone #

CR2E037 (12/95)