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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745011** (7)
1. Corporation Name
ELDORADO COUNTRY CLUB APARTMENTS ASSOCIATION, INC.



Principal Place of Business 160 N.E. 8TH AVE. HALLANDALE FL 33009	Mailing Address 160 N.E. 8TH AVE. HALLANDALE FL 33009-4462
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3. Date Incorporated or Qualified 11/21/1978	3a. Date of Last Report 01/31/1996
4. FEI Number 59-1115957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
~~FEDERICO GILDO~~ **Frances Orzechowski**
**160 N.E. 8TH AVENUE
APT 23-B
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD BARSALOU, JEAN	1.2 NAME	
STREET ADDRESS	160 N.E. 8TH AVE.	1.3 STREET ADDRESS	
CITY- ST- ZIP	HALLANDALE FL	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD REGEAN, MARTIN	2.2 NAME	SD SHERRIFF, E.
STREET ADDRESS	160 N.E. 8TH AVE.	2.3 STREET ADDRESS	406 N.E. 8TH AVNEUE
CITY- ST- ZIP	HALLANDALE FL	2.4 CITY- ST- ZIP	HALLANDALE, FL 33009
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD SHERRIFF, E	3.2 NAME	TD GURRY, T.
STREET ADDRESS	160 N.E. 8TH AVE.	3.3 STREET ADDRESS	160 N.E. 8TH AVENUE
CITY- ST- ZIP	HALLANDALE FL	3.4 CITY- ST- ZIP	HALLANDALE, FL 33009
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD BLATCHLEY, B	4.2 NAME	D PETERSON, MARILYN
STREET ADDRESS	160 N.E. 8TH AVE. APT.	4.3 STREET ADDRESS	160 N.E. 8TH AVENUE
CITY- ST- ZIP	HALLANDALE FL	4.4 CITY- ST- ZIP	HALLANDALE, FL 33009
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CUNIO, M	5.2 NAME	D FRANCES ORZECOWSKI
STREET ADDRESS	160 N.E. 8TH. ST. APT.	5.3 STREET ADDRESS	160 N.E. 8TH AVNEUE
CITY- ST- ZIP	HALLANDALE FL	5.4 CITY- ST- ZIP	HALLANDALE, FL 33009
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GAGNON, LISE	6.2 NAME	
STREET ADDRESS	160 N.E. 8TH. AVE. APT.	6.3 STREET ADDRESS	
CITY- ST- ZIP	HALLANDALE FL	6.4 CITY- ST- ZIP	

14. I do 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 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* **Eileen Sherriff** 3/13/97 457-8147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022678

CR2E037 (9/96)