

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90058 039 \*\*\*\*61.25

**DOCUMENT # 745011**

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1115957**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COYLE CHARLES**  
 160 N.E. 8TH AVENUE  
 APT 18A  
 HALLANDALE FL 33009

**MARYANNE BARIGLIO**  
 160 N E 8th AVENUE  
 APT 7 A  
 HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name **Maryanne Bariglio**  
 Street Address (P.O. Box Number is Not Acceptable)  
**160 NE 8th Ave**  
**Apt 7-A**  
 City **Hallandale** FL Zip Code **33009**

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.

SIGNATURE Maryanne Bariglio Board Member April 5, 2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, JOE	
STREET ADDRESS	160 NE 8TH AVE.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHERRIF, E.	
STREET ADDRESS	160 N.E. 8TH AVE.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	QUEENAN, GERRY	
STREET ADDRESS	160 NE 8TH AVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLATCHLY, BEVERLY	
STREET ADDRESS	160 N.E.8TH.AVE.APT.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GURRY, ED	
STREET ADDRESS	160 N.E.8TH. ST.APT.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REJEAN, MARTIN	
STREET ADDRESS	160 N E 8TH AVE	
CITY-ST-ZIP	HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN REJEAN	
STREET ADDRESS	160 N E 8th Ave	
CITY-ST-ZIP	Apt 26 B	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eileene Sherriff	
STREET ADDRESS	160-NE-8th Ave	
CITY-ST-ZIP	Apt 17-B	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beverly Blatchley	
STREET ADDRESS	160 NE 8th Ave	
CITY-ST-ZIP	Apt 4 A	
TITLE	V P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guido Federico	
STREET ADDRESS	160 NE 8th Ave	
CITY-ST-ZIP	Apt 6 A	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maryanne Bariglio	
STREET ADDRESS	160 NE 8th Ave	
CITY-ST-ZIP	Apt 7 A	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

I 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 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: SIGNATURE OF REGISTERED SECRETARY 4/5/2000 (954) 457-8147  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)