


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 24, 2007 08:00 A
Secretary of State

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 POB 220846 7-B HOLLYWOOD, FL 33022
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1115957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAUFER, MARCUS
 160 N.E. 8TH AVENUE
 APT 20-A
 HALLANDALE, FL 33009

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAKUBIAK, ALINA 160 NE 8TH AVE 25-B HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAUFER, MARCUS 160 NE 8TH AVE 20A HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, WILFRED 160 NE 8TH AVE 5A HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CALVERT, ALICE 160 NE 8TH AVE APT 11B HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM BARIGLIO, MARY ANN 160 NE 8TH AVENUE APT 7A HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REJEAN, MARTIN 160 NE 8TH AVENUE 28 B HALLANDALE, FL 33009

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 01/26/07-80061-018 61.25

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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 817, 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: REJEAN MARTIN Date: 1/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR