

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90191 021 ****61.25

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01102008 Chg-NP CR2E037 (12/06)

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 HOLLYWOOD, FL 33022	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1115957		Applied For <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		7. Name and Address of New Registered Agent	
LAUFER, MARCUS 160 N.E. 8TH AVENUE APT 20-A HALLANDALE, FL 33009		Name JOAN Rimoli Street Address (P.O. Box Number is Not Acceptable) 160 NE 8TH AVE. APT 9B 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE JOAN Rimoli <i>Joan Rimoli</i>		DATE 3/26/08	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SAKUBIAK, ALINA 160 NE 8TH AVE 25-B HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SAKUBIAK, ALINA 160 NE 8TH AVE. 25B HALLANDALE FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAUFER, MARCUS 160 NE 8TH AVE 20A HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. JOAN RIMOLI 160 NE 8TH AVE APT 9B HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, WILFRED 160 NE 8TH AVE 5A HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LEWIS, WILFRED 160 NE 8TH AVE APT 5A HALLANDALE FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CALVERT, ALICE 160 NE 8TH AVE APT 11B HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALVERT, ALICE 160 NE 8TH AVE APT 11B HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM BARIGLIO, MARY ANN 160 NE 8TH AVENUE APT 7A HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENEDETTO, JOSEPH 160 NE 8TH AVE APT 22B HALLANDALE, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REJEAN, MARTIN 160 NE 8TH AVENUE 26 B HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MARTIN, REJEAN 160 NE 8TH AVE APT 26B HALLANDALE, FL 33009 <input checked="" 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 empowered.			
SIGNATURE: JOSEPH BENEDETTO <i>Joseph Benedetto</i>		DATE 3/26/08 954-458-3202	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT

ATTACHMENT

TITLE: T

NAME: MAHMOOD, HUSSEIN

STREET ADDRESS: 160 NE. 8TH AVE Apt 23A

CITY: HALLANDALE, FL 33009.

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