2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2008
Secretary of State

DOCUMENT# 752628

Entity Name: EL DE ORO WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2199 EGRET DRIVE
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

2199 EGRET DRIVE
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAHAN, THOMAS
2199 EGRET DRIVE
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	HECHT, WALTER	
Address:	1911 SANDPIPER DR	
City-St-Zip:	CLEARWATER, FL 33764 US	
Title:	S	( ) Delete
Name:	DERGARABEDIAN, DANIEL	
Address:	1919 SANDPIPER DR	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	T	( ) Delete
Name:	GAHAN, THOMAS	
Address:	2199 EGRET DRIVE	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	D	( ) Delete
Name:	PILAT, GEORGE	
Address:	1908 SANDPIPER DR	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	D	( ) Delete
Name:	SCHOY, SALLY	
Address:	2132 SANDPIPER	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	D	( ) Delete
Name:	DEPENCIER, SUE	
Address:	1907 SANDPIPER	
City-St-Zip:	CLEARWATER, FL 33764	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R GAHAN RA 01/20/2008

Electronic Signature of Signing Officer or Director — Date