

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000637

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: EL DORADO WEST, INC.

**Current Principal Place of Business:**

1429 EL DORADO PKWY W  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

1429 EL DORADO PKWY W  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 26-1801987

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PASSMORE, FREDERICK S  
1429 EL DORADO PKWY W  
CAPE CORAL, FL 33914 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: PASSMORE, FREDERICK S  
Address: 1429 EL DORADO PKWY W  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: TREA ( ) Change (X) Addition  
Name: SYVERSEN, ROBERT G  
Address: 1434 EL DORADO PKWY W  
City-St-Zip: CAPE CORAL, FL 33914 US

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: ROBERT G SYVERSEN

TREA

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date