


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90284 039 ****61.25

DOCUMENT # N09998 1. Entity Name EL DORADO NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business CAS 951 BROKEN SOUND PKY BOCA RATON, FL 33486		Mailing Address CAS 951 BROKEN SOUND PKY BOCA RATON, FL 33486	
2. Principal Place of Business 1184 W. Sample Rd Suite, Apt. #, etc.		3. Mailing Address 1184 W. Sample Rd Suite, Apt. #, etc.	
City & State Orlando Springs FL Zip 33065		City & State Orlando Springs FL Zip 33065	
4. FEI Number 59-2753660		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 COMMUNITY ASSOCIATION SERVICE 951 BROKEN SOUND PKY BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name United Community Mgmt Corp. Street Address (P.O. Box Number is Not Acceptable) 1184 W. Sample Road Orlando Springs FL Zip Code 33065	
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: Don Kottawas VP Finance United Comm Mgmt 3/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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			
TITLE	SD WERTHEIMER, STEPHEN 22759 E DORADO DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete	
NAME	PD BERMAN, MEL 22794 EL DORADO DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete	
STREET ADDRESS	DT GRATZON, PETER 22782 EL DORADO DR. BOCA RATON, FL 33433	<input type="checkbox"/> Delete	
CITY - ST - ZIP	VD WEIGENSBERG, MARILYN 22725 EL DORADO DR. BOCA RATON, FL 33433	<input type="checkbox"/> Delete	
TITLE	D SHAPIRO, BERT 22866 E. DORADO DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete	
NAME		<input type="checkbox"/> Delete	
STREET ADDRESS		<input type="checkbox"/> Delete	
CITY - ST - ZIP		<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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: Don Kottawas 3/8/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	