

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:21

DOCUMENT # **N41990 (5)**

1. Corporation Name

ELDORADO COUNTRY CLUB TOWERS SOUTH ASSOCIATION, INC.

Principal Place of Business

Mailing Address

141 NE 10TH AVE.
HALLANDALE FL 33009-4467

141 NE 10TH AVE.
HALLANDALE FL 33009-4467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/06/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1165058	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

29 Zip Country

24

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POLJAKOFF, GARY A.
EMERALD LAKE CORPORATE PARK
3111 STIRLING RD.
FT. LAUDERDALE FL 33312**

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVE, ROBERT	1.2 NAME	MONACO, DANIEL
STREET ADDRESS	141 NE 10TH AVE.	1.3 STREET ADDRESS	141 NE 10TH AV. # 24A
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	DV	2.1 TITLE	D.V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHILDON, RAY	2.2 NAME	BOISVERT, MARTIAL
STREET ADDRESS	141 NE 10TH AVE.	2.3 STREET ADDRESS	141 NE 10TH AV # 20B
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	DST	3.1 TITLE	D.S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEANGELO, LOUIS	3.2 NAME	ODDI, MARIE C.
STREET ADDRESS	141 NE 10TH AVE.	3.3 STREET ADDRESS	141 NE 10TH AV # 26C
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE		4.1 TITLE	D.T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	LA FLAMME, MARGE
STREET ADDRESS		4.3 STREET ADDRESS	141 NE 10TH AV # 18B
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel G. Monaco PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR OFFICER OR DIRECTOR

DANIEL G. MONACO PRES

2-8-95 305-456-1881

Date (Typed Name)