

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41990 (5)**  
1. Corporation Name  
**ELDORADO COUNTRY CLUB TOWERS SOUTH ASSOCIATION, INC.**



Principal Place of Business <b>141 NE 10TH AVE. HALLANDALE FL 33009-4467</b>	Mailing Address <b>141 NE 10TH AVE. HALLANDALE FL 33009-4467</b>
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3. Date incorporated or Qualified <b>02/06/1991</b>	
4. FEI Number <b>59-1165058</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Zip
25. Country	2e. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

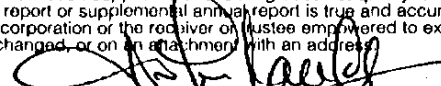
**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MONACO, DANIEL 141 NE 10TH AVE #24A HALLANDALE FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>MONACO DANIEL</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>141 N.E 10th AVE 24A</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>HALLANDALE FL.</b>
TITLE	DV BOISVERT, MARTIAL 141 NE 10TH AVE #20B HALLANDALE FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>FORZESE ANTHONY</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>141 NE 10th AVE 18-C</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>HALLANDALE FL.</b>
TITLE	DS ODDI, MARIE C. 141 NE 10TH AVE #26C HALLANDALE FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>THIAULT JEAN-MARC</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>141 N.E 10th AVE 19-C</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>HALLANDALE FL.</b>
TITLE	DT LA FLAMME, MARGE 141 NE 10TH AVE #18B HALLANDALE FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>BERNIER CLAUDE</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>141 NE 10th AVE 28-B</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>HALLANDALE FL.</b>
TITLE	D LAROCHELLE, J.A. 141 NE 10TH AVE. STE 30B HALLANDALE FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>LAROCHELLE J.A</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>141 NE 10th AVE 30B</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>HALLANDALE FL.</b>
TITLE	D POLLION, GERARD 141 NE 110TH AVE. STE 23C HALLANDALE FL	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>AKRENTSEN WILLIAM</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>141 N.E 10th AVE 25-A</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>HALLANDALE FL.</b>

14. 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 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:  **Feb 2nd 1998**

CR2E037 (10/97)