

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

**DOCUMENT # N41990**

00 APR 20 PM 3:47

1. Corporation Name  
**ELDORADO COUNTRY CLUB TOWERS SOUTH ASSOCIATION, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 141 NE 10TH AVE.  
 HALLANDALE FL 33009-4467

Mailing Address  
 141 NE 10TH AVE.  
 HALLANDALE FL 33009-4467.



**REINSTATEMENT**

99-00

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	Applied Fee
21	26	02/06/1991	SP
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Not Applicable
22	27	59-1165058	
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing	\$5.00, May Be Added to Fees
24	29	Trust Fund Contribution	<input type="checkbox"/>
Country	Country	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **ANTHONY-FORZESE**  
 141 NE 10th Ave Apt. 18C  
 Hallandale Beach, Fl.  
 33009

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized by me, the undersigned, and I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **2-28-2000**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONACO, DANIEL	1.2 NAME	ROBITAILLE RAYMOND
STREET ADDRESS	141 NE 10TH AVE #24A	1.3 STREET ADDRESS	141 NE 10th AVE 26B
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	HALLANDALE FL
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORZESE, ANTHONY	2.2 NAME	CAVE BOB
STREET ADDRESS	141 NE 10TH AVE 18C	2.3 STREET ADDRESS	141 NE 10th AVE 19-B
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	HALLANDALE FL
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIBAUT, JEAN-MARC	3.2 NAME	500003245005-3
STREET ADDRESS	141 NE 10TH AVE 19C	3.3 STREET ADDRESS	-05/09/00-01101-005
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	****297.50 ****297.50
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNIER, CLAUDE	4.2 NAME	
STREET ADDRESS	141 NE 10TH AVE 28B	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAROCHELLE, J.A.	5.2 NAME	
STREET ADDRESS	141 NE 10TH AVE. STE 30B	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHRANDTSEN, WILLIAM	6.2 NAME	
STREET ADDRESS	141 NE 10TH AVE 25A	6.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* 02/06/2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25037 (5/00)