


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720350 (8)**

1. Corporation Name

**ENSENADA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3401 N. COUNTRY CLUB DRIVE  
AVENTURA FL 33180**

**3401 N. COUNTRY CLUB DRIVE  
AVENTURA FL 33180**



<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>3. Date Incorporated or Qualified</b> <b>02/25/1971</b>	<b>4. FEI Number</b> <b>13-2727856</b>	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>9. Name and Address of Current Registered Agent</b> <b>SKRLD, INC.</b> <b>201 ALHAMBAR CIR</b> <b>1102</b> <b>CORAL GABLES FL 33134</b>	<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b> <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>STURTZ, PHILLIP</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3475 N COUNTRY CLUB DR #281</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 00000</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>GOLDBERG, CAROLYN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3401 N COUNTRY CLUB DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 00000</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SWERSIE, SOL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3401 N COUNTRY CLUB DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 00000</td> <td></td> </tr> <tr> <td>TITLE</td> <td>7D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SIEGEL, ISADORE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3475 N COUNTRY CLUB DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 00000</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DT</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BERMAN, MARTIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3401 N COUNTRY CLUB DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BLOCK, HELEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3475 N COUNTRY CLUB DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td></td> </tr> </table>	TITLE	PD	<input type="checkbox"/> DELETE	NAME	STURTZ, PHILLIP		STREET ADDRESS	3475 N COUNTRY CLUB DR #281		CITY-ST-ZIP	MIAMI, FL 00000		TITLE	SD	<input type="checkbox"/> DELETE	NAME	GOLDBERG, CAROLYN		STREET ADDRESS	3401 N COUNTRY CLUB DR		CITY-ST-ZIP	MIAMI, FL 00000		TITLE	VD	<input type="checkbox"/> DELETE	NAME	SWERSIE, SOL		STREET ADDRESS	3401 N COUNTRY CLUB DR		CITY-ST-ZIP	MIAMI, FL 00000		TITLE	7D	<input type="checkbox"/> DELETE	NAME	SIEGEL, ISADORE		STREET ADDRESS	3475 N COUNTRY CLUB DR.		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**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:** *Phillip Sturtz* **PRESIDENT** **4/6/98** **(305) 932-4435**

CR2E037 (10/97)