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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 720350 1. Corporation Name ENSENADA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3401 N. COUNTRY CLUB DRIVE AVENTURA FL 33180			Mailing Address 3401 N. COUNTRY CLUB DRIVE AVENTURA FL 33180		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 02/25/1971 4. FEI Number 13-2727856 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBAR CIR 1102 CORAL GABLES FL 33134			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input type="checkbox"/> DELETE NAME STURTZ, PHILLIP STREET ADDRESS 3475 N COUNTRY CLUB DR #281 CITY-ST-ZIP MIAMI, FL 00000			1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Tillie Schaffner 1.3 STREET ADDRESS 3401 N. Country Club Dr., #308 1.4 CITY-ST-ZIP Aventura, FL 33180		
TITLE SD <input type="checkbox"/> DELETE NAME GOLDBERG, CAROLYN STREET ADDRESS 3401 N COUNTRY CLUB DR CITY-ST-ZIP MIAMI, FL 00000			2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Matthew Wachsman 2.3 STREET ADDRESS 3401 N. Country Club Dr., #616 2.4 CITY-ST-ZIP Aventura, FL 33180		
TITLE VD <input type="checkbox"/> DELETE NAME SWERSIE, SOL STREET ADDRESS 3401 N COUNTRY CLUB DR CITY-ST-ZIP MIAMI, FL 00000			3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Gershon Ginzburg 3.3 STREET ADDRESS 3401 N. Country Club Dr., #615 3.4 CITY-ST-ZIP Aventura FL 33180		
TITLE T <input type="checkbox"/> DELETE NAME SIEGEL, ISADORE STREET ADDRESS 3475 N COUNTRY CLUB DR. CITY-ST-ZIP MIAMI, FL 00000			4.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Sondra Spiegler 4.3 STREET ADDRESS 3401 N. Country Club Dr., #312 4.4 CITY-ST-ZIP Aventura, FL 33180		
TITLE D <input type="checkbox"/> DELETE NAME BERMAN, MARTIN STREET ADDRESS 3401 N COUNTRY CLUB DR CITY-ST-ZIP MIAMI FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE NAME BLUMENTHAL, SYLVIA STREET ADDRESS 3401 N. COUNTRY CLUB DR #611 CITY-ST-ZIP AVENTURA FL 33180			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

SIGNATURE REQUIRED Pre. 2/4/99 (305) 932-4435