

# 2000 UNIFORM BUSINESS REPORT (UBR)

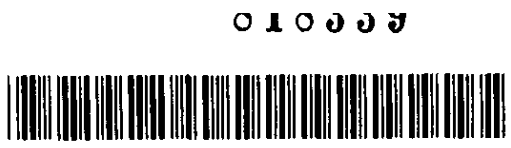
**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**  
 03-06-2000 90034 012 \*\*\*\*61.25

**DOCUMENT # 720350**

1. Entity Name  
**ENSENADA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**3401 N. COUNTRY CLUB DRIVE**      **3401 N. COUNTRY CLUB DRIVE**  
**AVENTURA FL 33180**      **AVENTURA FL 33180-1700**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-2727856**      Applied For ☐ Not Applicable ☐  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
 6. Name and Address of Current Registered Agent  
**SKRLD, INC.**  
**201 ALHAMBAR CIR**  
**1102**  
**CORAL GABLES FL 33134**  
 7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STURTZ, PHILLIP		NAME	Sondra Spiegler	
STREET ADDRESS	3475 N COUNTRY CLUB DR #218		STREET ADDRESS	3401 N. Country Club Dr., #312	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Aventura, FL 33180	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOLDBERG, CAROLYN		NAME	Leatrice Kaplitz	
STREET ADDRESS	3401 N COUNTRY CLUB DR #207		STREET ADDRESS	3401 N. Country Club Dr., #811	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SWERSIE, SOL		NAME	John Carver	
STREET ADDRESS	3401 N COUNTRY CLUB DR #418		STREET ADDRESS	3475 N. Country Club Dr., #806	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SIEGEL, ISADORE		NAME	Gershon Ginzburg	
STREET ADDRESS	3475 N COUNTRY CLUB DR.		STREET ADDRESS	3401 N. Country Club Dr., #615	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Aventura, FL 33180	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERMAN, MARTIN		NAME		
STREET ADDRESS	3401 N COUNTRY CLUB DR #814		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHAFFNER, TILLIE		NAME		
STREET ADDRESS	3401 N. COUNTRY CLUB DR., 308		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip Sturtz      Date: 2/24/00      Daytime Phone #: (305)932-4435  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)