

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730021

**FILED**  
**Jan 30, 2018**  
**Secretary of State**  
**CC1115435492**

**Entity Name:** ELLESMERE "A" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3006 ELLESMERE A  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

2400 CENTREPARK W DRIVE  
SUITE 175  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-1898494

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILBERG KLEIN,P.L.  
5550 GLADES ROAD,SUITE 500  
BOCA RATON, FL 33431 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LUSTHAUS, EVELYN  
Address        3006 ELLESMERE A  
City-State-Zip: DEERFIELD BEACH FL 33442

Title           PRESIDENT  
Name           FELBER, JERRY  
Address        1006 ELLESMERE A  
City-State-Zip: DEERFIELD BEACH FL 33442

Title           VP  
Name           WALECKI, CANDY  
Address        2012 ELLESMERE A  
City-State-Zip: DEERFIELD BEACH FL 33442

Title           SECRETARY  
Name           DOLAN, MARY LOU  
Address        4011 ELLESMERE A  
City-State-Zip: DEERFIELD BEACH FL 33442

Title           DIRECTOR  
Name           PERFETTO, PAT  
Address        4006 ELLESMERE A  
City-State-Zip: DEERFIELD BEACH FL 33442

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EVELYN LUSTHAUS

**TREASURER**

**01/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date