

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730021

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

Title T  
Name CROELS, ALAIN  
Address 2017 ELLESMERE A  
City-State-Zip: DEERFIELD BEACH FL 33442

Title D  
Name ARLENE , KOHN  
Address 1013 ELLESMERE A  
City-State-Zip: DEERFIELD BEACH FL 33442

Title D  
Name GOLDSTEIN, HENRY  
Address 3013 ELLESMERE A  
City-State-Zip: DEERFIELD BEACH FL 33442

Title D  
Name GENDRON , FRANCINE  
Address 1010 ELLESMERE A  
City-State-Zip: DEERFIELD BEACH FL 33442

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

Title VP  
Name OBERDORF, MARY  
Address 1005 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: ALAIN CROELS**

**TREASURER**

**02/23/2017**

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

\_\_\_\_\_  
Date