

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:07

DOCUMENT # 720350 (8)

1. Corporation Name

ENSENADA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3401 N. COUNTRY CLUB DRIVE
AVENTURA FL 33180

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AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1971

3a. Date of Last Report

04/18/1994

4. FEI Number

13-2727856

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INC.
201 ALHAMBAR CIR
1102
CORAL GABLES FL 33134

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

SKRLD, INC. by *Linda L. Lema*

(NOTE: Registered Agent signature required when reappointing)

2/16/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STURTZ, PHILLIP
STREET ADDRESS 3475 N COUNTRY CLUB DR 281
CITY-ST-ZIP MIAMI, FL 00000

1.1 TITLE ☐ Change ☐ Addition

TITLE SD
NAME GOLDBERG, CAROLYN
STREET ADDRESS 3401 N COUNTRY CLUB DR
CITY-ST-ZIP MIAMI, FL 00000

1.2 NAME ☐ Change ☐ Addition

TITLE VPD
NAME SWERSIE, SOL
STREET ADDRESS 3401 N COUNTRY CLUB DR
CITY-ST-ZIP MIAMI, FL 00000

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE TR
NAME SIEGEL, ISADORE
STREET ADDRESS 3475 N COUNTRY CLUB DR.
CITY-ST-ZIP MIAMI, FL 00000

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME FRANK, GEORGE
STREET ADDRESS 3401 N COUNTRY CLUB DR
CITY-ST-ZIP MIAMI, FL 00000

2.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME KAPLAN, GERTRUDE
STREET ADDRESS 3401 N COUNTRY CLUB DR 714
CITY-ST-ZIP MIAMI, FL 00000

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

TOBIN, SHERMAN
3475 N COUNTRY CLUB DR 318
MIAMI, FL 00000

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Phillip Sturtz*

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page #