

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 720350 (8)

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

3. Date incorporated or Qualified
02/25/1971

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INC.
201 ALHAMBRA 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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD VPD	<input type="checkbox"/> DELETE
NAME	STURTZ, PHILLIP	
STREET ADDRESS	3475 N COUNTRY CLUB DR 281	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, CAROLYN	
STREET ADDRESS	3401 N COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VPD D	<input type="checkbox"/> DELETE
NAME	SWERSIE, SOL	
STREET ADDRESS	3401 N COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIEGEL, ISADORE	
STREET ADDRESS	3475 N COUNTRY CLUB DR.	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANK, GEORGE	
STREET ADDRESS	3401 N COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOBIN, SHERMAN	
STREET ADDRESS	3475 N COUNTRY CLUB DR 318	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BERMAN, MARTIN	
1.3 STREET ADDRESS	3401 N. COUNTRY CLUB DR	
1.4 CITY-ST-ZIP	MIAMI FL 33180	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BLOCK, HELEN	
2.3 STREET ADDRESS	3475 N. COUNTRY CLUB DR.	
2.4 CITY-ST-ZIP	MIAMI FL 33180	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KAPLAN, GERTRUDE	
3.3 STREET ADDRESS	3401 N. COUNTRY CLUB DR.	
3.4 CITY-ST-ZIP	MIAMI FL 33180	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CAPAZZI, PETER	
4.3 STREET ADDRESS	3475 N COUNTRY CLUB DR.	
4.4 CITY-ST-ZIP	MIAMI FL 33180	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

(305) 932-4435

Date

Daytime Phone #

CR2E037 (12/95)