


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720350 (8)

1. Corporation Name

ENSENADA CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 02/25/1971	3a. Date of Last Report 02/08/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 13-2727856	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

8. 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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURTZ, PHILLIP	1.2 NAME	STURTZ, PHILLIP
STREET ADDRESS	3475 N COUNTRY CLUB DR 281	1.3 STREET ADDRESS	3475 N. COUNTRY CLUB DR
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	MIAMI FL 33180
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, CAROLYN	2.2 NAME	SWERSIE, SOL
STREET ADDRESS	3401 N COUNTRY CLUB DR	2.3 STREET ADDRESS	3401 N. COUNTRY CLUB DR.
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	MIAMI FL 33180
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWERSIE, SOL	3.2 NAME	MARKER, EDWARD
STREET ADDRESS	3401 N COUNTRY CLUB DR	3.3 STREET ADDRESS	3401 N. COUNTRY CLUB DR.
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	MIAMI FL 33180
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, ISADORE	4.2 NAME	SIEGEL, ISADORE
STREET ADDRESS	3475 N COUNTRY CLUB DR.	4.3 STREET ADDRESS	3475 N. COUNTRY CLUB DR
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP	MIAMI FL 33180
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, MARTIN	5.2 NAME	BERMAN, MARTIN
STREET ADDRESS	3401 N COUNTRY CLUB DR	5.3 STREET ADDRESS	3401 N. COUNTRY CLUB DR.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL 33180
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOBIN, SHERMAN	6.2 NAME	BLOCK, HELEN
STREET ADDRESS	3475 N COUNTRY CLUB DR 318	6.3 STREET ADDRESS	3475 N. COUNTRY CLUB DR.
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI FL 33180

14. I do 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 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

Date

Daytime Phone # 0033486

CR2E037 (9/96)