

# 720350

*Attn: Person*

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000130435 3)))



H110001304353ABCS

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ENSENADA CONDOMINIUM ASSOCIATION, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$35.00 |

**FILED**  
2011 MAY 12 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu    Corporate Filing Menu    Help

*Brown 5-12-11*

MAY-12-2011 THU 04:12 PM  
850-617-6381

5/12/2011 3:01:00 PM PAGE 1/001 FAX Server

P.002



May 12, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
ENSENADA CONDOMINIUM ASSOCIATION, INC.  
3401 N. COUNTRY CLUB DRIVE  
AVENTURA, FL 33180

SUBJECT: ENSENADA CONDOMINIUM ASSOCIATION, INC.  
REF: 720350

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

FAX Aud. #: H11000130435  
Letter Number: 611A00011845

RECEIVED  
11 MAY 12 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

**FILED**  
2011 MAY 12 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ENSENADA CONDOMINIUM ASSOCIATION, INC.**

(Name of Corporation as currently filed with the Florida Dept. of State)

**720350**

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

**ANA COSTALES**

New Registered Office Address:

**6020 SW 40 STREET**

(Florida street address)

**MIAMI**

(City)

**Florida 33165**

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

*Ana Costales*

Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
*(Attach additional sheets, if necessary)*

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

THE BOARD OF DIRECTORS/OFFICERS WILL BE:

DEBORAH DUNSON - PRESIDENT

BARBARA TILLMAN - VICE-PRESIDENT

CAROLYN GOLDBERG - SECRETARY

GREG PURITZ - TREASURER

LETICIA PRESMAKY - DIRECTOR

LEONOR RIVERA - DIRECTOR

HENRY KANNEE - DIRECTOR

ADDRESS:

3401 N. COUNTRY CLUB DRIVE

AVENTURA, FL 33180

The date of each amendment(s) adoption: 05-10-2011  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated \_\_\_\_\_

Signature \_\_\_\_\_

*Leticia Presmany*

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LETICIA PRESMany

(Typed or printed name of person signing)

P/D

(Title of person signing)