

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 758034 (3)**  
 1. Corporation Name  
**CHAMPLAIN TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>8777 COLLINS AVE.                  SURFSIDE FL 33154</b>	Mailing Address <b>8777 COLLINS AVE.                  SURFSIDE FL 33154</b>
--	--

3. Date Incorporated or Qualified <b>08/04/1981</b>	3a. Date of Last Report <b>06/15/1995</b>
4. FEI Number <b>59-2147701</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 [ ]	26 [ ]
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

<b>9. Name and Address of Current Registered Agent</b>  <b>BECKER &amp; POLIAKOFF PA                  WATERFORD CENTER PARK                  5201 BLUE LAGOON DR STE 100                  MIAMI FL 33126</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE <b>AT</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEIN, LUIS</b>		1.2 NAME <b>FERNANDEZ, DAMIAN</b>	
STREET ADDRESS <b>8777 COLLINS AVE 1005</b>		1.3 STREET ADDRESS <b>8777 COLLINS AVE #304</b>	
CITY-ST-ZIP <b>SURFSIDE FL</b>		1.4 CITY-ST-ZIP <b>SURFSIDE FL 33154</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MILLER, MICHAEL M.</b>		2.2 NAME	
STREET ADDRESS <b>8777 COLLINS AVE. #707</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>SURFSIDE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEISS, HOWARD</b>		3.2 NAME	
STREET ADDRESS <b>8777 COLLINS AVE., #312</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>SURFSIDE FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHWARTZBAUM, SOFIA</b>		4.2 NAME	
STREET ADDRESS <b>8777 COLLINS AVE 710</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>SURFSIDE FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FERNANDEZ, DAMIAN</b>	<i>TITLE CHANGED</i>	5.2 NAME <b>ARNOLD NOTKIN</b>	
STREET ADDRESS <b>8777 COLLINS AVE 3045</b>		5.3 STREET ADDRESS <b>8777 COLLINS AVE #302</b>	
CITY-ST-ZIP <b>SURFSIDE FL</b>		5.4 CITY-ST-ZIP <b>SURFSIDE, FL 33154</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ZEMEL, HERBERT</b>		6.2 NAME	
STREET ADDRESS <b>8777 COLLINS AVEN., #612</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>SURFSIDE FL</b>		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: Arnold Notkin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: 305-865-4740

CR2E037 (12/95)