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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758034 (3)

1. Corporation Name
CHAMPLAIN TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 8777 COLLINS AVE. SURFSIDE FL 33154	Mailing Address 8777 COLLINS AVE. SURFSIDE FL 33154-3406
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3. Date Incorporated or Qualified 08/04/1981	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2147701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF PA
WATERFORD CENTER PARK
5201 BLUE LAGOON DR STE 100
MIAMI FL 33126**

10. Name and Address of New Registered Agent

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 617.0602 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 617.0603, 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	AT	<input checked="" type="checkbox"/> DELETE
NAME	STEIN, LUIS	
STREET ADDRESS	8777 COLLIN SAVE 1005	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, MICHAEL M.	
STREET ADDRESS	8777 COLLINS AVE. #707	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, HOWARD	
STREET ADDRESS	8777 COLLINS AVE., #312	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZBAUM, SOFIA	
STREET ADDRESS	8777 COLLINS AVE 710	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NOTKIN, ARNOLD	
STREET ADDRESS	8777 COLLINS AVE #302	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZEMEL, HERBERT	
STREET ADDRESS	8777 COLLINS AVEN., #612	
CITY-ST-ZIP	SURFSIDE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HERBERT C. ZEMEL	
1.3 STREET ADDRESS	8777 COLLINS AVENUE #612	
1.4 CITY-ST-ZIP	SURFSIDE, FL 33154	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAROL ROWE	
2.3 STREET ADDRESS	8777 COLLINS AVENUE #201	
2.4 CITY-ST-ZIP	SURFSIDE, FL 33154	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GONZALO TORRE	
3.3 STREET ADDRESS	8777 COLLINS AVENUE #912	
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FAUSTO PELAEZ LOSANA	
4.3 STREET ADDRESS	8777 COLLINS AVE #1010	
4.4 CITY-ST-ZIP	SURFSIDE, FL 33154	
5.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ARNOLD NOTKIN	
5.3 STREET ADDRESS	8777 COLLINS AVENUE #302	
5.4 CITY-ST-ZIP	Surfside, Fl 33154	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BERTA WODNICKI	
6.3 STREET ADDRESS	8777 COLLINS AVENUE #308	
6.4 CITY-ST-ZIP	SURFSIDE, FL 33154	

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.

CR2E037 (9/96)

3/12/97

DIRECTOR (addition)
MARSHA WIENER
• 8777 COLLINS AVENUE #1006
SURFSIDE, FL 33154

DIRECTOR (addition)
MAGALY MAYHEW
8777 COLLINS AVENUE #503
SURFSIDE, FL 33154

DIRECTOR (addition)
SIMON SEGAL
8777 COLLINS AVENUE #1203
SURFSIDE, FL 33154