

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified
08/04/1981

4. FEI Number
59-2147701

Applied For	Not Applicable
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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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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes 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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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	P HERBERT C ZEMEL	1.1 TITLE	P CAROL ROWE
NAME	8777 COLLINS AVE 612	1.2 NAME	8777 COLLINS AVE 201
STREET ADDRESS	SURFSIDE FL	1.3 STREET ADDRESS	SURFSIDE FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T CAROL ROWE	2.1 TITLE	T BERTA WODNICKI
NAME	8777 COLLINS AVE 201	2.2 NAME	8777 COLLINS AVE 308
STREET ADDRESS	SURFSIDE FL	2.3 STREET ADDRESS	SURFSIDE, FL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S GONZALO TORRE	3.1 TITLE	
NAME	8777 COLLINS AVE 912	3.2 NAME	
STREET ADDRESS	SURFSIDE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D FAUSTO PELAEZ LOSANA	4.1 TITLE	D MAGALY MAYHEW
NAME	8777 COLLINS AVE 1010	4.2 NAME	10321 s.w. 89 AVE
STREET ADDRESS	SURFSIDE FL	4.3 STREET ADDRESS	MIAMI, FL
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VP NOTKIN, ARNOLD	5.1 TITLE	
NAME	8777 COLLINS AVE #302	5.2 NAME	
STREET ADDRESS	SURFSIDE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D ZEMEL, HERBERT	6.1 TITLE	D NANCY LEVIN
NAME	8777 COLLINS AVEN., #612	6.2 NAME	8777 COLLINS AVE. 712
STREET ADDRESS	SURFSIDE FL	6.3 STREET ADDRESS	SURFSIDE, FL
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAROL ROWE	
1.3 STREET ADDRESS	8777 COLLINS AVE 201	
1.4 CITY-ST-ZIP	SURFSIDE FL	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BERTA WODNICKI	
2.3 STREET ADDRESS	8777 COLLINS AVE 308	
2.4 CITY-ST-ZIP	SURFSIDE, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MAGALY MAYHEW	
4.3 STREET ADDRESS	10321 s.w. 89 AVE	
4.4 CITY-ST-ZIP	MIAMI, FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	NANCY LEVIN	
6.3 STREET ADDRESS	8777 COLLINS AVE. 712	
6.4 CITY-ST-ZIP	SURFSIDE, FL	

14. I 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: CAROL ROWE DATE: 1/8/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 305-865-4740

CR2E037 (10/97)