

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90212 025 ****61.25

DOCUMENT # 758034

1. Entity Name

CHAMPLAIN TOWERS SOUTH CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

8777 COLLINS AVE.
 SURFSIDE FL 33154

8777 COLLINS AVE.
 SURFSIDE FL 33154-3406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2147701

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **ROWE, CAROL**
 STREET ADDRESS **8777 COLLINS AVE 201**
 CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **Secretary** Change Addition
 NAME **Miriam Alder**
 STREET ADDRESS **8777 Collins Avenue 1205**
 CITY-ST-ZIP **Surfside, FL 33154**

TITLE **T** Delete
 NAME **BERTA WODNICKI**
 STREET ADDRESS **8777 COLLINS AVE 308**
 CITY-ST-ZIP **SURFSIDE FL**

TITLE **Director** Change Addition
 NAME **Eric Zuili**
 STREET ADDRESS **8777 Collins Avenue 502**
 CITY-ST-ZIP **Surfside, FL 33154**

TITLE **D** Delete
 NAME **GONZALO TORRE**
 STREET ADDRESS **8777 COLLINS AVE 912**
 CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **Director** Change Addition
 NAME **Sofia Schwartzbaum**
 STREET ADDRESS **8777 Collins Avenue 710**
 CITY-ST-ZIP **Surfside, FL 33154**

TITLE **D** Delete
 NAME **MAGALY MAYHEW**
 STREET ADDRESS **10321 SW 89TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **NOTKIN, ARNOLD**
 STREET ADDRESS **8777 COLLINS AVE #302**
 CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **NANCY LEVIN**
 STREET ADDRESS **8777 COLLINS AVE #712**
 CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE Wodnicki*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

Date

Daytime Phone #

CR2E037 (9/99)