


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 758034 1. Entity Name CHAMPLAIN TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 8777 COLLINS AVE. SURFSIDE, FL 33154	Mailing Address 8777 COLLINS AVE. SURFSIDE, FL 33154
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DO NOT WRITE IN THIS SPACE

02192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2147701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF PA
 121 ALHAMBRA PLAZA
 SUITE 1000
 CORAL GABLES, FL 33134

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
 Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAUB, ZULIA 8777 COLLINS AVE #506 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERTA WODNICKI 8777 COLLINS AVE 308 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITO, MARGARITA 8777 COLLINS AVE #805 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOTKIN, MYRIAM 8777 COLLINS AVE. #302 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORMENT, PEDRO 8777 COLLINS AVE #101 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NANCY LEVIN 8777 COLLINS AVE #712 SURFSIDE, FL 33154

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 03/02/07-80020-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Berta Wodnicki Berta Wodnicki 2/20/07 305-865-4740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #