SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:45

DOCUMENT # 758034 (3)

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

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8777 COLLINS AVE. SURFSIDE FL 33154	8777 COLLINS AVE. SURFSIDE FL 33154

3. Date Incorporated or Qualified: 08/04/1981
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2147701 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
6161 BLUE LAGOON DRIVE
STE. 250
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Becker & Poliakoff, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): Waterford Center Park
83: 5201 Blue Lagoon Dr., Suite 100
84 City: Miami FL 85 Zip Code: 33126

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: Joseph A. Poliakoff for Becker & Poliakoff, P.A. DATE: 6/9/95
(Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Assistant Treasurer	☑ Change ☐ Addition
NAME	STEIN, LUIS	12 NAME	Stein, Luis	
STREET ADDRESS	8777 COLLINS AVE., #1005	13 STREET ADDRESS	8777 Collins Ave, #1005	
CITY-ST-ZIP	SURFSIDE FL	14 CITY-ST-ZIP	Surfside FL 33154	
TITLE	PD	21 TITLE	Director	☑ Change ☐ Addition
NAME	MILLER, MICHAEL M.	22 NAME	Miller, Michael M.	
STREET ADDRESS	8777 COLLINS AVE. #707	23 STREET ADDRESS	8777 Collins Ave #707	
CITY-ST-ZIP	SURFSIDE FL	24 CITY-ST-ZIP	Surfside, FL 33154	
TITLE	SD	31 TITLE	President	☑ Change ☐ Addition
NAME	WEISS, HOWARD	32 NAME	Weiss, Howard J.	
STREET ADDRESS	8777 COLLINS AVE., #312	33 STREET ADDRESS	8777 Collins Ave #111	
CITY-ST-ZIP	SURFSIDE FL	34 CITY-ST-ZIP	Surfside, FL 33154	
TITLE	DA	41 TITLE	Vice President	☐ Change ☑ Addition
NAME	LEVIN, NANCY	42 NAME	Schwartzbaum, Sofia	
STREET ADDRESS	8777 COLLINS AVE #712	43 STREET ADDRESS	8777 Collins Ave. #710	
CITY-ST-ZIP	SURFSIDE FL	44 CITY-ST-ZIP	Surfside FL 33154	
TITLE	DT	51 TITLE	Secretary	☐ Change ☑ Addition
NAME	WODNICKI, MORRIS	52 NAME	Fernandez, Osmian	
STREET ADDRESS	8777 COLLINS AVE. #308	53 STREET ADDRESS	8777 Collins Ave #304	
CITY-ST-ZIP	SURFSIDE FL	54 CITY-ST-ZIP	Surfside FL 33154	
TITLE	VD	61 TITLE	Director	☑ Change ☐ Addition
NAME	ZEMEL, HERBERT	62 NAME	Zemel, Herbert C.	
STREET ADDRESS	8777 COLLINS AVEN,. #612	63 STREET ADDRESS	8777 Collins Ave. #612	
CITY-ST-ZIP	SURFSIDE FL	64 CITY-ST-ZIP	Surfside FL 33154	

CR2E037 (3/95)

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)(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: Bernd Nufer BERND NUFER 6/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0000548