

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
--	---	---

DOCUMENT # **758034** (3)

1. Corporation Name

CHAMPLAIN TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC.

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

4. FEI Number

59-2147701

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HERBERT C ZEMEL	
STREET ADDRESS	8777 COLLINS AVE 612	
CITY-ST-ZIP	SURFSIDE FL	

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	

TITLE	T	<input type="checkbox"/> DELETE
NAME	CAROL ROWE	
STREET ADDRESS	8777 COLLINS AVE 201	
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	

TITLE	S	<input type="checkbox"/> DELETE
NAME	GONZALO TORRE	
STREET ADDRESS	8777 COLLINS AVE 912	
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		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAUSTO PELAEZ LOSANA	
STREET ADDRESS	8777 COLLINS AVE 1010	
CITY-ST-ZIP	SURFSIDE FL	

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	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	NOTKIN, ARNOLD	
STREET ADDRESS	8777 COLLINS AVE #302	
CITY-ST-ZIP	SURFSIDE FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZEMEL, HERBERT	
STREET ADDRESS	8777 COLLINS AVEN., #612	
CITY-ST-ZIP	SURFSIDE FL	

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:

Carole Rowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/98 305-865-4740
Date Daytime Phone # 0030891

CR2E037 (10/97)