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Mar 23, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758034

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
08/04/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2147701

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

24

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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** ☐ DELETE
NAME **ROWE, CAROL**
STREET ADDRESS **8777 COLLINS AVE 201**
CITY-ST-ZIP **SURFSIDE FL**

1.1 TITLE **Director** ☒ Change ☐ Addition
1.2 NAME **Rowe, Carol**
1.3 STREET ADDRESS **8777 Collins Ave 201**
1.4 CITY-ST-ZIP **Surfside FL 33154**

TITLE **T** ☐ DELETE
NAME **BERTA WODNICKI**
STREET ADDRESS **8777 COLLINS AVE 308**
CITY-ST-ZIP **SURFSIDE FL 33154**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **SAME**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **GONZALO TORRE**
STREET ADDRESS **8777 COLLINS AVE-912**
CITY-ST-ZIP **SURFSIDE FL**

3.1 TITLE **Director** ☒ Change ☐ Addition
3.2 NAME **Gonzalo Torre**
3.3 STREET ADDRESS **8777 Collins Ave. 912**
3.4 CITY-ST-ZIP **Surfside FL 33154**

TITLE **D** ☐ DELETE
NAME **MAGALY MAYHEW**
STREET ADDRESS **10321 SW 89TH AVE**
CITY-ST-ZIP **MIAMI FL 33154**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **SAME**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **SAME**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **NANCY LEVIN**
STREET ADDRESS **8777 COLLINS AVE #712**
CITY-ST-ZIP **SURFSIDE FL**

6.1 TITLE **President** ☒ Change ☐ Addition
6.2 NAME **Nancy Levin**
6.3 STREET ADDRESS **8777 Collins Ave 712**
6.4 CITY-ST-ZIP **Surfside FL 33154**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-16-99

305-865-4740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

254278-900445

758034

13. Additions/Changes to Officers/Directors	
Title Name Street Add. City St Zip	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Miriam Adler 8777 Collins Ave 1205 Surfside FL 33154
Title Name Street Add. City State Zip	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sophia Schwartzbaum 8777 Collins Ave 710 Surfside FL 33154
Title Name Street Add. City State Zip	Directors <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eric Zurli 8777 Collins Ave 502 Surfside FL 33154