

# 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.**



Principal Place of Business  
**8777 COLLINS AVE.  
SURFSIDE, FL 33154**

Mailing Address  
**8777 COLLINS AVE.  
SURFSIDE, FL 33154**



02192007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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**

U00000643871  
03/02/07-80020-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 #