

758034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

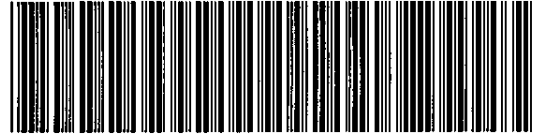
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*PAID by*

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11 AUG -2 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2011

BRUCE HORNSTEIN, ESQ.  
GREEN, KAHN, PIOTRKOWSKI P.A.  
317-71ST STREET  
MIAMI BEACH, FL 33141

SUBJECT: CHAMPLAIN TOWERS SOUTH CONDOMINIUM ASSOCIATION,  
INC.  
Ref. Number: 758034

We have received your document for CHAMPLAIN TOWERS SOUTH  
CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00.  
However, the enclosed document has not been filed and is being returned for the  
following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 911A00017590

RECEIVED  
11 AUG -2 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Champlain Towers South Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 758034

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce Hornstein, Esq.

Name of Contact Person

GREEN, KAHN, PIOTRKOWSKI P.A.

Firm/Company

317-71st Street

Address

MIAMI BEACH, FL 33141

City/State and Zip Code

GROMANELLO@GKPPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE HORNSTEIN, ESQ.

Name of Contact Person

at ( 305 ) 865-4311 EXT. 17

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State:

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Champlain Towers South Condominium Association, Inc.

2. The principal office address: 8777 Collins Ave. Office, Surfside, FL 33154

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/04/1981 Document number: 758034

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SKRLD, Inc

201 Alhambra Circle, Suite 1102

Coral Gables, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Bruce Hornstein, Esq.

Green Kahn Plotkowski, P.A.

P.O. Box NOT acceptable

317-71st Street, Miami Beach, FL 33141

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Zulia Taub X Mutant  
Signature of an officer or director Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature] 7/29/11  
Signature of Registered Agent Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)