

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758034

FILED
Mar 19, 2014
Secretary of State
CC5763471969

Entity Name: CHAMPLAIN TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8777 COLLINS AVE.
OFFICE
SURFSIDE, FL 33154

Current Mailing Address:

8777 COLLINS AVE.
OFFICE
SURFSIDE, FL 33154

FEI Number: 59-2147701

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FRIEDMAN, MAX
Address 8777 COLLINS AVE.
OFFICE
City-State-Zip: SURFSIDE FL 33154

Title T
Name NOTKIN, MARIA (MYRIAM) MRS.
Address 8777 COLLINS AVE.
OFFICE
City-State-Zip: SURFSIDE FL 33154

Title DIRECTOR
Name LEVIN, NANCY
Address 8777 COLLINS AVE.
OFFICE
City-State-Zip: SURFSIDE FL 33154

Title D
Name RACHMAN, ARNOLD
Address 8777 COLLINS AVENUE, #210
City-State-Zip: SURF SIDE FL 33154

Title D
Name CATTAROSSO, GRACIELA
Address 8777 COLLINS AVENUE, #501
City-State-Zip: SURFSIDE FL 33154

Title S
Name MAURY, MARICELLA
Address 8777 COLLINS AVENUE # 1111
City-State-Zip: SURFSIDE FL 33154

Title DIRECTOR
Name MAYHEW, MAGALY MRS.
Address 8777 COLLINS AVE.
OFFICE
City-State-Zip: SURFSIDE FL 33154

Title PRESIDENT
Name GUERRERO, CESAR MR.
Address 8777 COLLINS AVE.
OFFICE
City-State-Zip: SURFSIDE FL 33154

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARICELLA MAURY

SECRETARY

03/19/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name BRITO, MARGARITA MRS.
Address 8777 COLLINS AVE.
OFFICE
City-State-Zip: SURFSIDE FL 33154