#### 2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# 758034

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 US

# FEI Number: 59-2147701

## Name and Address of Current Registered Agent:

HORNSTEIN, BRUCE ESQ BRUCE HORNSTEIN, P.A. 6961 INDIAN CREEK DRIVE 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

#### **Officer/Director Detail :**

Title	VP	Title	PRESIDENT
Name	MORA, ANA	Name	ESCALANTE, GRACIELA
Address	8777 COLLINS AVE. OFFICE	Address	8777 COLLINS AVENUE, OFFICE
City-State-Zip:	SURFSIDE FL 33154	City-State-Zip:	SURFSIDE FL 33154
Title	SECRETARY	Title	TREASURER
Name	RODRIGUEZ, SUSANA	Name	NOTKIN, MARIA (MYRIAM)
Address	8777 COLLINS AVENUE OFFICE	Address	8777 COLLINS AVE. OFFICE
City-State-Zip:	SURFSIDE FL 33154	City-State-Zip:	SURFSIDE FL 33154
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR BLASSER, ELENA	Title Name	DIRECTOR POPA, MARIA
Name	BLASSER, ELENA 8777 COLLINS AVENUE OFFICE	Name	POPA, MARIA 8777 COLLINS AVE. OFFICE
Name Address	BLASSER, ELENA 8777 COLLINS AVENUE OFFICE	Name Address	POPA, MARIA 8777 COLLINS AVE. OFFICE
Name Address City-State-Zip:	BLASSER, ELENA 8777 COLLINS AVENUE OFFICE SURFSIDE FL 33154	Name Address	POPA, MARIA 8777 COLLINS AVE. OFFICE
Name Address City-State-Zip: Title	BLASSER, ELENA 8777 COLLINS AVENUE OFFICE SURFSIDE FL 33154 DIRECTOR	Name Address	POPA, MARIA 8777 COLLINS AVE. OFFICE

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: MAGGIE MANRARA

#### DIRECTOR

# FILED Dec 05, 2019 Secretary of State 1704234614CC

Certificate of Status Desired: No

Date