

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

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

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

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

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

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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