

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$385)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 15 AM 11:45

DOCUMENT # 758034 (3)

1. Corporation Name
CHAMPLAIN TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
8777 COLLINS AVE. SURFSIDE FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/04/1981	3a. Date of Last Report 02/18/1994
4. FEI Number 59-2147701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	26. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKER & POLIAKOFF, P.A.
6161 BLUE LAGOON DRIVE
STE. 250
MIAMI FL 33126**

61. Name Becker & Poliakoff, P.A.
62. Street Address (P.O. Box Number is Not Acceptable) Watertford Center Park
63. City & State 5201 Blue Lagoon Dr., Suite 100
64. Zip Code MIAMI FL 33126

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section (s) 7.0503, Florida Statutes.

SIGNATURE: *Bernard Nuffer* for Becker & Poliakoff, P.A. DATE: **6/9/95**

12. OFFICERS AND DIRECTORS	
TITLE D	STEIN, LUIS 8777 COLLINS AVE., #1005 SURFSIDE FL
TITLE PD	MILLER, MICHAEL M. 8777 COLLINS AVE. #707 SURFSIDE FL
TITLE SD	WEISS, HOWARD 8777 COLLINS AVE., #312 SURFSIDE FL
TITLE DA	LEVIN, NANCY 8777 COLLINS AVE #712 SURFSIDE FL
TITLE DT	WODNICKI, MORRIS 8777 COLLINS AVE. #308 SURFSIDE FL
TITLE VD	ZEMEL, HERBERT 8777 COLLINS AVEN., #612 SURFSIDE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME STEIN, LUIS	
1.3 STREET ADDRESS 8777 Collins Ave., #1005	
1.4 CITY - ST - ZIP Surfside FL 33154	
2.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Miller, Michael M.	
2.3 STREET ADDRESS 8777 Collins Ave #707	
2.4 CITY - ST - ZIP Surfside, FL 33154	
3.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Weiss, Howard J.	
3.3 STREET ADDRESS 8777 Collins Ave #111	
3.4 CITY - ST - ZIP Surfside, FL 33154	
4.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Schwartzbaum, Sofia	
4.3 STREET ADDRESS 8777 Collins Ave #710	
4.4 CITY - ST - ZIP Surfside FL 33154	
5.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Fernandez, Damian	
5.3 STREET ADDRESS 8777 Collins Ave #304	
5.4 CITY - ST - ZIP Surfside FL 33154	
6.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Zemel, Herbert C.	
6.3 STREET ADDRESS 8777 Collins Ave, #612	
6.4 CITY - ST - ZIP Surfside FL 33154	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Bernard Nuffer* **BERND NUFER** 6/7/95

CR2E037 (3/95)