

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758034 (3)**  
 1. Corporation Name

**CHAMPLAIN TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 8777 COLLINS AVE. SURFSIDE FL 33154	Mailing Address 8777 COLLINS AVE. SURFSIDE FL 33154
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3. Date Incorporated or Qualified  
**08/04/1981**

4. FEI Number  
**59-2147701**

Applied For	Not Applicable
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2. Principal Place of Business  
 21. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip  
 24. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

2a. Mailing Address  
 26. Suite, Apt. #, etc.  
 27. City & State  
 28. Zip  
 29. Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

25. Country  
 30. Country

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

29. Zip  
 30. Country

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF PA**  
**WATERFORD CENTER PARK**  
**5201 BLUE LAGOON DR STE 100**  
**MIAMI FL 33126**

10. Name and Address of New Registered Agent

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
**FL** 85. Zip Code

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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	HERBERT C ZEMEL	1.2 NAME	CAROL ROWE
STREET ADDRESS	8777 COLLINS AVE 612	1.3 STREET ADDRESS	8777 COLLINS AVE 201
CITY-ST-ZIP	SURFSIDE FL	1.4 CITY-ST-ZIP	SURFSIDE FL
TITLE	T	2.1 TITLE	T
NAME	CAROL ROWE	2.2 NAME	BERTA WODNICKI
STREET ADDRESS	8777 COLLINS AVE 201	2.3 STREET ADDRESS	8777 COLLINS AVE 308
CITY-ST-ZIP	SURFSIDE FL	2.4 CITY-ST-ZIP	SURFSIDE, FL
TITLE	S	3.1 TITLE	
NAME	GONZALO TORRE	3.2 NAME	
STREET ADDRESS	8777 COLLINS AVE 912	3.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	FAUSTO PELAEZ LOSANA	4.2 NAME	MAGALY MAYHEW
STREET ADDRESS	8777 COLLINS AVE 1010	4.3 STREET ADDRESS	10321 s.w. 89 AVE
CITY-ST-ZIP	SURFSIDE FL	4.4 CITY-ST-ZIP	MIAMI, FL
TITLE	VP	5.1 TITLE	
NAME	NOTKIN, ARNOLD	5.2 NAME	
STREET ADDRESS	8777 COLLINS AVE #302	5.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D
NAME	ZEMEL, HERBERT	6.2 NAME	NANCY LEVIN
STREET ADDRESS	8777 COLLINS AVEN., #612	6.3 STREET ADDRESS	8777 COLLINS AVE. 712
CITY-ST-ZIP	SURFSIDE FL	6.4 CITY-ST-ZIP	SURFSIDE, FL

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

**SIGNATURE:** *Carole Rowe* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: **1/8/98** Daytime Phone #: **305-865-4740**

CR2E037 (10/97)