

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90044 005 \*\*\*\*61.25

0032074

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 758034

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/04/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2147701	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECKER & POLIAKOFF PA WATERFORD CENTER PARK 5201 BLUE LAGOON DR STE 100 MIAMI FL 33126				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, CAROL	1.2 NAME	Director
STREET ADDRESS	8777 COLLINS AVE 201	1.3 STREET ADDRESS	Rowe, Carol
CITY-ST-ZIP	SURFSIDE FL	1.4 CITY-ST-ZIP	8777 Collins Ave 201 Surfside FL 33154
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTA WODNICKI	2.2 NAME	SAME
STREET ADDRESS	8777 COLLINS AVE 308	2.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALO TORRE	3.2 NAME	Director
STREET ADDRESS	8777 COLLINS AVE-912	3.3 STREET ADDRESS	Gonzalo Torre
CITY-ST-ZIP	SURFSIDE FL	3.4 CITY-ST-ZIP	8777 Collins Ave. 912 Surfside FL 33154
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGALY MAYHEW	4.2 NAME	SAME
STREET ADDRESS	10321 SW 89TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33154	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTKIN, ARNOLD	5.2 NAME	SAME
STREET ADDRESS	8777 COLLINS AVE #302	5.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY LEVIN	6.2 NAME	President
STREET ADDRESS	8777 COLLINS AVE #712	6.3 STREET ADDRESS	Nancy Levin
CITY-ST-ZIP	SURFSIDE FL	6.4 CITY-ST-ZIP	8777 Collins Ave 712 Surfside FL 33154

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2-16-99 305-865-4740  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)

254278-900445

758034

13. Additions/Changes to Officers/Directors	
Title Name Street Add. City St Zip	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Miriam Adler 8777 Collins Ave 1205 Surfside FL 33154
Title Name Street Add. City State Zip	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sophia Schwartzbaum 8777 Collins Ave 710 Surfside FL 33154
Title Name Street Add. City State Zip	Directors <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eric Zuili 8777 Collins Ave 502 Surfside FL 33154