

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758034

1. Entity Name

CHAMPLAIN TOWERS SOUTH CONDOMINIUM ASSOCIATION,

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90212 025 ****61.25

Principal Place of Business

Mailing Address

8777 COLLINS AVE.
SURFSIDE FL 33154

8777 COLLINS AVE.
SURFSIDE FL 33154-3406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2147701

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME ROWE, CAROL
STREET ADDRESS 8777 COLLINS AVE 201
CITY-ST-ZIP SURFSIDE FL 33154

TITLE Secretary ☐ Change ☒ Addition
NAME Miriam Alder
STREET ADDRESS 8777 Collins Avenue 1205
CITY-ST-ZIP Surfside, FL 33154

TITLE T ☐ Delete
NAME BERTA WODNICKI
STREET ADDRESS 8777 COLLINS AVE 308
CITY-ST-ZIP SURFSIDE FL

TITLE Director ☐ Change ☒ Addition
NAME Eric Zuili
STREET ADDRESS 8777 Collins Avenue 502
CITY-ST-ZIP Surfside, FL 33154

TITLE D ☐ Delete
NAME GONZALO TORRE
STREET ADDRESS 8777 COLLINS AVE 912
CITY-ST-ZIP SURFSIDE FL 33154

TITLE Director ☐ Change ☒ Addition
NAME Sofia Schwartzbaum
STREET ADDRESS 8777 Collins Avenue 710
CITY-ST-ZIP Surfside, FL 33154

TITLE D ☐ Delete
NAME MAGALY MAYHEW
STREET ADDRESS 10321 SW 89TH AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME NOTKIN, ARNOLD
STREET ADDRESS 8777 COLLINS AVE #302
CITY-ST-ZIP SURFSIDE FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME NANCY LEVIN
STREET ADDRESS 8777 COLLINS AVE #712
CITY-ST-ZIP SURFSIDE FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

Date

Daytime Phone #

CR2E037 (9/99)