

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90010 009 ****61.25

0041048

DOCUMENT # 758034

1. Entity Name

CHAMPLAIN TOWERS SOUTH CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

8777 COLLINS AVE.
SURFSIDE FL 33154

8777 COLLINS AVE.
SURFSIDE FL 33154

00005192



DO NOT WRITE IN THIS SPACE

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 *Becker & Poliakoff, P.A.*

Street Address (P.O. Box Number is Not Acceptable)
Emerald Lake Corporate Park

3111 Stirling Road

City *Fort Lauderdale*

FL

Zip Code *33312-6525*

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	S	<input type="checkbox"/> Delete
NAME	ALDER, MIRIAM	
STREET ADDRESS	8777 COLLINS AVE 201	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	T	<input type="checkbox"/> Delete
NAME	BERTA WODNICKI	
STREET ADDRESS	8777 COLLINS AVE 308	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALO TORRE	
STREET ADDRESS	8777 COLLINS AVE 912	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGALY MAYHEW	
STREET ADDRESS	10321 SW 89TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOTKIN, ARNOLD	
STREET ADDRESS	8777 COLLINS AVE #302	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	P	<input type="checkbox"/> Delete
NAME	NANCY LEVIN	
STREET ADDRESS	8777 COLLINS AVE #712	
CITY-ST-ZIP	SURFSIDE FL 33154	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

S/Berta Wodnicki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01 (305)865-4740

Date

Daytime Phone #

CR2E037 (10/00)