


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90008 009 ****61.25

DOCUMENT # 758034			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF PA 5201 BLVD. LAGOON DR MIAMI, FL 33126		Name BECKER & POLIAKOFF PA. Street Address (P.O. Box Number is Not Acceptable) 121 ALHAMBRA PLAZA SUITE 1000 City CORAL GABLES FL Zip Code 33134	
<i>ADDRESS CHANGE</i>			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASERTA, ANN 8777 COLLINS AVE #405 SURFSIDE, FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAUB, ZULIA 8777 COLLINS AVE #506 SURFSIDE FL. 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERTA WODNICKI 8777 COLLINS AVE 308 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORMENT, PEDRO 8777 COLLINS AVE #101 SURFSIDE FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IGNACIO, AYALA 8777 COLLINS AVE #201 SURFSIDE, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZBAUM, SOFIA 8777 COLLINS AVE #710 SURFSIDE FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGALY MAYHEW 10321 SW 89TH AVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, ALAN 8777 COLLINS AVE #304 SURFSIDE FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOTKIN, ARNOLD 8777 COLLINS AVE #302 SURFSIDE, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NANCY LEVIN 8777 COLLINS AVE #712 SURFSIDE, FL 33154 <input type="checkbox"/> Delete	TITLE 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: Arnold Notkin *VIP* 3/28/05 (305) 865-4740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #