


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90015 013 \*\*\*\*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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03062006 Chg-NP CR2E037 (11/05)

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**  
**BECKER & POLIAKOFF PA  
121 ALHAMBRA PLAZA  
SUITE 1000  
CORAL GABLES, FL 33134**

**7. Name and Address of New Registered Agent**  
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. 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, 2006

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	S	<input type="checkbox"/> Delete
NAME	TAUB, ZULIA	
STREET ADDRESS	8777 COLLINS AVE #506	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	T	<input type="checkbox"/> Delete
NAME	BERTA WODNICKI	
STREET ADDRESS	8777 COLLINS AVE 308	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IGNACIO, AYALA	
STREET ADDRESS	8777 COLLINS AVE #201	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAGALY MAYHEW	
STREET ADDRESS	10321 SW 89TH AVE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VP	<input checked="" 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	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margarita Brito	
STREET ADDRESS	8777 Collins Avenue, #805	
CITY-ST-ZIP	Surfside, FL 33154	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Myriam Notkin	
STREET ADDRESS	8777 Collins Avenue, #302	
CITY-ST-ZIP	Surfside, FL 33154	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pedro Forment	
STREET ADDRESS	8777 Collins Avenue, #101	
CITY-ST-ZIP	Surfside, FL 33154	
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 exemptions contained in Chapter 119, 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:** *Berta Wodnicka, treasury* **3/17/06** **(305) 865-4740**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #