


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90068 024 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2147701	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUB, ZULIA		NAME	Caserta, ANN	
STREET ADDRESS	8777 COLLINS AVE #506		STREET ADDRESS	8777 Collins Avenue, #405	
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP	Surfside, FL 33154	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTA WODNICKI		NAME	Notkin, Maria	
STREET ADDRESS	8777 COLLINS AVE 308		STREET ADDRESS	8777 Collins Avenue, #302	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	Surfside, FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITO, MARGARITA		NAME	Hansen, Michael	
STREET ADDRESS	8777 COLLINS AVE #805		STREET ADDRESS	8777 Collins Avenue, #611	
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP	Surfside, FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTKIN, MYRIAM		NAME	Matallana, Raul	
STREET ADDRESS	8777 COLLINS AVE. #302		STREET ADDRESS	8777 Collins Avenue, #1011	
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP	Surfside, FL 33154	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMENT, PEDRO		NAME	Valdes, Francisco	
STREET ADDRESS	8777 COLLINS AVE #101		STREET ADDRESS	8777 Collins Avenue, #609	
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP	Surfside, FL 33154	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY LEVIN		NAME	Mancara, Maggie	
STREET ADDRESS	8777 COLLINS AVE #712		STREET ADDRESS	8777 Collins Avenue, #608	
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP	Surfside, FL 33154	
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: <i>Maria Notkin</i> MARIA NOTKIN			Date: 3/3/08 (305) 867-4740		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		