

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758034

FILED  
Feb 19, 2010  
Secretary of State

**Entity Name:** CHAMPLAIN TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8777 COLLINS AVE.  
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

8777 COLLINS AVE.  
SURFSIDE, FL 33154

**New Mailing Address:**

FEI Number: 59-2147701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: AZEN, MARINA  
Address: 8777 COLLINS AVENUE, #401  
City-St-Zip: SURFSIDE, FL 33154

Title: T  
Name: WODNICKI, BERTA  
Address: 8777 COLLINS AVENUE, #308  
City-St-Zip: SURFSIDE, FL 33154

Title: VP  
Name: LEVIN, NANCY  
Address: 8777 COLLINS AVENUE, #712  
City-St-Zip: SURFSIDE, FL 33154

Title: D  
Name: FRIEDAMAN, MAX  
Address: 8777 COLLINS AVENUE, #1102  
City-St-Zip: SURF SIDE, FL 33154

Title: S  
Name: CATTAROSSO, GRACIELA  
Address: 8777 COLLINS AVENUE, #501  
City-St-Zip: SURFSIDE, FL 33154

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARINA AZEN

P

02/19/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date