

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90093 042 ****61.25

DOCUMENT # 758034



1. Entity Name
CHAMPLAIN TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
8777 COLLINS AVE. 8777 COLLINS AVE.
SURFSIDE FL 33154 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

4. FEI Number **59-2147701** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER & POLIAKOFF PA
EMERALD LAKE CORPORATE PARK
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312-6525**

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 _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | CASERTA, ANN | |
| STREET ADDRESS | 8777 COLLINS AVE #405 | |
| 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 33154 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | IGNACIO, AYALA | |
| STREET ADDRESS | 8777 COLLINS AVE #201 | |
| 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 33176 | |
| 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 | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Sofia Schwartzbaum | |
| STREET ADDRESS | 8777 Collins Avenue #710 | |
| CITY-ST-ZIP | Surfside, FL 33154 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Marian Lopez | |
| STREET ADDRESS | 8777 Collins Avenue #605 | |
| 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 | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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: SIGNATURE OF NANCY LEVIN 3/17/03 (305) 865-4740

CR2E037 (10/02)